



Club of Strongsville

Application for Funds



Additional copies of this form can be found online at <http://www.chiliopen.org/>

Name of Organization: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Contact Person: _____

Email: _____

Note: All applicants will be required to make a 5 minute presentation at a Rotary Club of Strongsville breakfast meeting to be considered for funds. Meetings are held on Friday's at 7:15 a.m. at the Ehrnfelt Strongsville Senior Center (located in the Strongsville Recreation Center). All fields must be completed for consideration.

The following Documentation must be included with your application:

- Most recent IRS 501(c)(3) tax-exempt determination letter and/or Certificate of Tax Exempt Status
- Most recent annual Financial Statements (Income & Balance Sheet) AND the Fiscal Summary (next page)

Questions:

1. Do any Rotary Club of Strongsville members volunteer or regularly serve with your organization in some capacity? If so, please state name of member and their affiliation with your organization.

2. Describe your organization's purpose, programs & mission. Include target population being served. (Pre-printed brochures are not acceptable) (Use separate sheet if needed.)

3. Describe the actual project or program, including goals and objectives, for which funding will be used. (Use separate sheet if needed.)

4. Are you able to supply volunteers for the Chili Open event to be held on February 29, 2020? Yes / No
If yes how many? _____
5. Will you share the Chili Open event with your supporters, and share your results on the Chili Open social media pages? _____
6. How do you measure the impact of your programs? _____

All applications must be complete and postmarked by Friday, August 31st, 2019.
Completed Applications can be emailed to charity@chiliopen.com, faxed to 216-937-0224 or mailed to:
Rotary Club of Strongsville – Chili Open
Application for Funds
PO Box 36401
Strongsville, OH 44136

Questions? Please contact John Turnbull at 216-235-6086 or email charity@chiliopen.com

By signing below, you affirm that you agree to the terms set forth in the Application for Funds

Signature _____

Date _____



Application for Funds (cont)



Name of Organization: _____

Fiscal Summary

(* You must also attach a copy of your annual Financial Statements (Income & Balance Sheet))

- a) Annual budget: \$ _____
 - i. Program Expenses (client services): \$ _____
 - ii. Administrative Expenses (includes fundraising & PR): \$ _____
- b) Total income (all sources): \$ _____
- c) Total endowment assets (list major categories separately): _____

- d) Percent of budget provided by funding source(s). Please name source. i.e. 15% - United Way

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