



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 24, 2018? Yes / No  
If yes how many? \_\_\_\_\_
5. How do you measure the impact of your programs? \_\_\_\_\_  
\_\_\_\_\_

**All applications must be complete and postmarked by Thursday, August 31st, 2017.**  
**Completed Applications can be emailed to [charity@chiliopen.com](mailto: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](mailto: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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### **Additional Notes**

1. If your organization is part of, or affiliated with, a national organization please include the details of the connection. If you operate as a separate entity the financials should be for your entity, and include the amount and purpose of money received and/or paid to the national organization. If you are primarily fundraising for a national organization please include financials for the national organization and how much money your local chapter raises.