



# SALEM COMMUNITY FOUNDATION

## APPLICATION FOR FINANCIAL ASSISTANCE

Salem Community Foundation evaluates requests for financial assistance quarterly. Your organization's response to the following questions will aid our Grant Screening Committee when reviewing your application.

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

List of officers and board members:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Organization's mission statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly summarize the purposes or objectives of your organization's request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Name the principal and other resource(s) from which your organization has been or will be receiving financial support:

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Federal Tax ID #: \_\_\_\_\_

Does your organization's personnel consist of volunteers and / or paid employees? Please explain.

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The following items **must** be included with your request for financial assistance:

- **501(c)3 designation letter**
- **Annual budget**
- **Year-to-date balance sheet**
- **Statement(s) for checking, savings, and / or investment accounts**
- **Organization Board Approval (attached below)**

\_\_\_\_\_

Date

Signature

Please return this application along with all requested information to:

**Coordinator of Grant Applications  
Salem Community Foundation  
P. O. Box 553  
Salem, OH 44460**

Please provide contact information of the individual who will be available to answer any questions the Grant Screening Committee might have.

Contact name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



PO Box 553  
Salem, Ohio 44460  
330-332-4021

**ORGANIZATION BOARD APPROVAL**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Let it be known that on \_\_\_\_\_, the Board of Directors met. The Board reviewed the request for financial assistance to be submitted to the Salem Community Foundation for review at their next quarterly board meeting.

- ❖ It was properly moved by Board Member \_\_\_\_\_ to apply for financial assistance in the amount of \$ \_\_\_\_\_ from the Salem Community Foundation. The motion was seconded by Board Member \_\_\_\_\_.
- ❖ A motion was properly made and seconded, with opportunity for discussion. Board President \_\_\_\_\_ called for a vote. The motion was \_\_\_\_\_ by a vote of those present, \_\_\_ votes yes and \_\_\_ votes no.

Individual signatures (not electronic) of two officers and two board members are required by the Salem Community Foundation.

\_\_\_\_\_  
President Vice President

\_\_\_\_\_  
Treasurer Secretary

\_\_\_\_\_  
Board Member Board Member