



APPLICATION FOR FINANCIAL ASSISTANCE

Salem Community Foundation’s Board of Directors 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:

Federal Tax ID #: _____

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

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:

Salem Community Foundation
Attn: Grant Coordinator
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 Name: _____

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 of two officers and two board members are required by the Salem Community Foundation. Signatures must be in ink.

President

Vice President

Treasurer

Secretary

Board Member

Board Member