



**HORIZON-CARES CHARITABLE GRANT PROGRAM**

**Application for Corporate Contribution**

**\$5,000.00 Minimum**

**(Target area: low-to-moderate income families)**

ORGANIZATION NAME

PROJECT NAME

MAILING ADDRESS

CONTACT PERSON

TITLE

PHONE

FAX

Tax -Exempt Identification Number (501)(c)(3)  
(This is a requirement for any organization wishing to have their request reviewed by the Corporate Contributions Committee.)

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Which county will be receiving the major benefit from this contribution?

What is the total amount of your request and over what period of time would you like to have the contribution paid out?

Is this request for operating, capital or a special project?  
Please describe project in detail, include objective, benefits, client base and expected results.  
**The form has a limited amount of space. Please attached a separate document if needed.**

Please list your total annual budget and the project budget. (Add additional sheets if more space is needed)

Is your organization currently supported

If yes, how much of your budget dollars are received by the United Way?

Yes \_\_\_ No \_\_\_

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Please list other contributor's to this project. Include organization's name, the year they will be paying out their contribution and the amount they have committed to contributing.

| Organization's Name | Committed Amount | Pending Contribution |
|---------------------|------------------|----------------------|
|---------------------|------------------|----------------------|

**Application for Corporate Contribution**

Has the **Horizon-Cares Charitable Grant Program** previously supported your organization?

Yes    No

If yes, please list the project name, the date of the contribution and the amount contributed.  
Include any matching funds gifts your organization has received.

| Project Name | Date | Amount | Is this a<br>multi-year<br>Contribution? |
|--------------|------|--------|--|
|--------------|------|--------|--|

Please provide a list of your organization's board and staff members. We would appreciate the board member's employer and title listed as well.

**BOARD MEMBERS:**

| Name | Employer | Title |
|------|----------|-------|
|------|----------|-------|

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**STAFF MEMBERS:**

| Name | Volunteer | Title |
|------|-----------|-------|
|------|-----------|-------|

Please describe in detail how you will evaluate the success of this project.

**PLEASE ATTACH COPIES OF THE FOLLOWING:**

- 1) The organization's tax returns for the past three years (Federal & State)
- 2) Articles of Incorporation
- 3) Bylaws
- 4) Tax Exempt Certificate from the U.S. Internal Revenue Service
- 5) Tax Exempt Certificate from the State of Indiana, Michigan or Ohio

**FOR OFFICE USE ONLY**

Application sent:

Application received:

Amount Requested:

Amount Approved:

Site Visit Recommended    Yes            No

Notes: