



**CHARITY SELECTION APPLICATION**

**SECTION ONE**

---

Date of Application: \_\_\_\_\_

Term: 1/1/12 to 12/31/13

**ORGANIZATION NAME**

Applicant Organization (Full Legal Name)	
Doing Business As (DBA)	
501(c)3 Determination Letter (or equivalent)	(Please attach copy)
Tax Exempt ID # (EIN)	
Name of Executive Director	
Name of Attorney and phone # (if applicable)	
Name of Accountant (if applicable)	
Name of Contract Fundraiser (if applicable)	
Name of Fiscal Sponsor (if applicable)	
Organization Website	

**CONTACT INFORMATION**

Proposal Contact Name	
Title	
Phone	
Fax	
E-mail	
Street Address	
City, State	
Zip Code	
Mailing Address (if different from street address)	
City, State	
Zip Code	

**ORGANIZATION FINANCIAL INFORMATION**

Organization's Budgeted Expenses for Current Year (give fiscal year-end as mm/dd/yy)	\$
Endowment Size (market value as of fiscal year as mm/dd/yy)	\$
Organization's Major Funding Sources (e.g. United Way, local community foundation, county board of health, etc.) by percentage	%

**ORGANIZATION'S AFFILIATION**

United Way: Yes    No    Other (specify):
Chapter of national or regional organization (specify):

**REQUEST DATA**

Program/Project Title	
Total Budget for this Program/Project	\$
Anticipated Project/Program Start Date	
Will this Program/Project service the CCAR area of service	
Brief demographic description of population served by this Program/Project	
List of your Board of Directors with e-mail and mailing addresses	

**SECTION TWO – BACKGROUND INFORMATION**

---

The following section should not exceed two pages in total (please confirm any page limits with each foundation to which you are submitting the application). Responses should be typed, single-spaced, single-sided, and use 11 or 12-point type.

- Brief summary of organization's history and mission statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Description of who benefits from your services provided to the CCAR service area by your organization:  
\_\_\_\_\_  
\_\_\_\_\_

- 
- 
- Brief description of current programs, projects, and activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Description of programs, projects, and activities over the next two years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Brief description of goals and objectives for program/project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - Brief description of why you feel your organization deserves to be selected as a CCAR charity:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURES (both are required unless otherwise specified by funder)**

Signature of Executive Director	
Signature of Board President	

PLEASE NOTE: Submission of this form does not guarantee selection as a CCAR charity.

Applications must be submitted by September 1 of the current year.

Charity selection will take place no later than the October board meeting of the current year.

Submit application to the CCAR office by fax to Gigi Loch at (972) 491-3180 or email to [gigi@ccar.net](mailto:gigi@ccar.net).