



2525 Rochester Road  
Ste. 450  
Cranberry Township, PA 16066

### APPLICATION FOR FUNDING

The Cranberry Township Community Chest (CTCC) welcomes the opportunity to partner with a wide array of locally-based non-profit organizations. With a mission to improve the quality of life for Cranberry residents, the CTCC raises funds for non-profit organizations and civic causes which directly benefit the Cranberry community. In doing so, the CTCC ensures that the money we raise within Cranberry Township *stays* within Cranberry Township.

The following information must be completed and signed by an officer of the organization requesting funding from the CTCC. If the space provided is inadequate for your answer to any question, please complete the answer to such question on an 8 ½" x 11" piece of paper and attach it to this form. Also attach a summary of previous CTCC grants received by your organization.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Name, Address, and Phone Number of Contact Person:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Organization related questions:

a. Is your organization a recognized 501(c)(3) organization? \_\_\_\_\_

i. If so, what is your IRS Tax Identification Number? \_\_\_\_\_

ii. If not, are you related in any way to a recognized 501(c)(3) organization?

\_\_\_\_\_

b. Date incorporated or formed: \_\_\_\_\_

5. Purposes for which your organization was formed and/or presently operates. Please include a description of present and proposed future activities.

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

State the amount of money your organization is requesting and the purpose to which such money will be applied:

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

Recipients of funding from the Cranberry Township Community Chest are required to submit a written declaration of the actual usage of the distributed funds within six (6) months of receipt of funds. This declaration must be signed by an officer of the organization. By signing below, agreement to this stipulation is understood and accepted.

DATE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

SIGNATURE AND TITLE OF OFFICER:

\_\_\_\_\_

Please submit the completed form by one of the following methods:

1. e-mail it to [Info@ctchest.org](mailto:Info@ctchest.org)
2. fax it to 724.776.5488 or
3. mail it via USPS to 2525 Rochester Road, Ste. 450, Cranberry Twp., PA 16066