



CORAL SPRINGS COMMUNITY CHEST
P.O. Box 9891 Coral Springs, FL 33075-9891
Request for Funding – 2024

PART 1: GENERAL INFORMATION

PLEASE COMPLETE THIS FORM AND RETURN ALONG WITH THE SUPPORTING DOCUMENTS LISTED IN PART 2.

1. **Name of Organization** _____

2. **Address** _____

Phone number _____

3. **Application for Funding Contact Person**

Name _____

Address _____

Phone Number _____

Email _____

4. **Organization Fiscal Year** _____

Annual Revenue _____

5. **Amount of Funds Requested** _____

Funding requested for: (DO NOT WRITE: %REFER TO TEXT OF SUPPORT DOCUMENTS→)

***RESTRICTIONS:** Funds may not be used for administrative expenses or for brick and mortar expenses. The funds should be used for a specific program within the organization. Failure to do this will disqualify this application. Failure to adhere to the requested use of the funding shall disqualify the organization from submitting an application in subsequent years.

The undersigned hereby represents that he/she has authority from the above-named organization to apply for funds from the Coral Springs Community Chest, Inc. The undersigned further acknowledges that he/she has reviewed the notes in Part 4 of the application.

Authorized Representative _____ **Date** _____

PART 2: THE FOLLOWING DOCUMENTS ARE REQUIRED FOR FUNDING CONSIDERATION

- () **A 250-word or less description of specifically what the funds will be used for.**
- () **A copy of the Applicants Charter and By Laws (including all amendments) as a non-profit organization in the State of Florida.**
- () **Certificate or other document showing active status of Corporation with the Secretary of State.**
- () **The current names and addresses of the Board of Directors/Trustees.**
- () **A set of Financial Statements prepared or audited by a Certified Public Accountant for the most current Fiscal Year.**
- () **History of the services performed prior to application.**
- () **Specific date or other information showing the number of people in Coral Springs served or benefited by the applicant and the type of service provided.**
- () **A copy of IRS Tax Exemption Letter.**
- () **A budget (for the upcoming year)**
- () **A list of all sources of revenues if not included in the audit or budget.**
- () **Statement of how organization works in conjunction with other Social Service Agencies in the County.**
- () **Statement of other agencies in the County which provide services similar to applicants (to Coral Springs residents).**
- () **If funded by Community Chest the previous year, report on how funding for previous year was spent.**

PART 3: APPROXIMATE PROCESS TIMETABLE

- **August 30:** Deadline for receipt of applications. Any application received after the deadline date will not be considered.
- **Late September:** Decision on funding
- **End of October:** Notification to applicants and funding

PART 4: IMPORTANT NOTES

In submitting an application to Coral Springs Community Chest, Inc. for funding, applicants should be aware of the following:

- Funding decisions are made for the current year only; there are no automatic renewals of funding in future years.
- The completion of an application and the fact that an applicant meets all requirements is no guarantee that the applicant will be funded. The Coral Springs Community Chest has limited funds and the funding decision of the Board of Trustees is final.

PART 5: WHERE TO SUBMIT APPLICATIONS

MUST BE MAILED to: Claudette Bruck, 3210 N. University Drive, Apt 345, Coral Springs, FL 33065; to arrive NO LATER than AUGUST 30, 2024.

For questions, contact Claudette at 954-562-2526 (cell) or at cbruck@bellsouth.net