



# Rocky River Early Childhood PTA

Please submit your completed form and **photocopy of your IRS §501(c)(3) letter** to:

Dawn Blair  
Rocky River ECPTA / Donations Committee  
21600 Center Ridge Road  
Rocky River, OH 44116

## Application for a Charitable Donation

### Application Deadline: March 15, 2010

Incomplete forms will not be considered. Awardee(s) will be notified in late April.

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact's email address: \_\_\_\_\_

Website: \_\_\_\_\_ **Requested amount:** \_\_\_\_\_

What is the primary mission of your organization? \_\_\_\_\_

Have you received a donation in the past from Rocky River ECPTA? Yes      No

If yes, when? \_\_\_\_\_ What for? \_\_\_\_\_

What is your primary geographic service area? \_\_\_\_\_

Anticipated project start date: \_\_\_\_\_ Anticipated project completion date: \_\_\_\_\_

Estimated number of children impacted: \_\_\_\_\_ Age range? \_\_\_\_\_

For what purpose would the donated funds be used? Please be specific. \_\_\_\_\_

If the donation will be used as part of a larger project (i.e., building expansion), please explain and provide the total budget amount for the entire project: \_\_\_\_\_

If the initiative is a pilot project or a start-up, please list assumptions on why the new approach will succeed: \_\_\_\_\_

If we can only partially fund the request, will you be able to move forward on a limited basis? Yes    No

Were you referred by a member of RRECPTA? (member name): \_\_\_\_\_

I certify that:

- All of the information provided in this application is accurate, complete and true.
- This organization does not discriminate in who we serve or who we hire on the basis of race, religion, color, national origin, citizenship, gender, sexual orientation, veteran's status, age, mental or physical disability, genetic information or any other class protected by federal, state, or local law requiring equal opportunity.
- This organization does not advocate, support, or practice activities that discriminate with regard to any of the aforementioned protected classes.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If necessary, you may attach an additional page for further explanation of your project.*