**COPS CYCLING FOR SURVIVORS FOUNDATION, INC.**

 **APPLICATION/RE-NEWAL FOR FUNDING**

Applying Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Submitting Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Is the organization a charity recognized under 501(c)(3)? If so, please attach copy of exemption letter. [If application is for renewal grant and exemption letter previously submitted, resubmission is unnecessary.]
2. Describe briefly the mission and outcomes of the organization and the population it serves.
3. Describe briefly the goals and projected outcomes of the specific project or purpose for which you are requesting funding.
4. What geographic area do you serve?
5. Do you grant funds to other organizations? If yes, what organizations have you funded in the last two years?
6. Please list estimates of the following for the organization for the preceding completed tax year (or as of the last day of such year for assets/liabilities):

Total Revenue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grants Paid Out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salaries Paid (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fundraising Expenses Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Assets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Liabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list your board members and officers.

**COPS CYCLING FOR SURVIVORS**

**P.O. BOX 597**

**ELLETTSVILLE, INDIANA 47429**

**PRESIDENT**

**MONICA ZAHASKY**

