



NON-PROFIT PARTNER APPLICATION

Completed application must be mailed to address below (no phone calls please). Application deadline is October 15, 2019:

**Country Fair, Inc.
Attn: CF Cares Program
2251 East 30th Street
Erie, PA 16510**

Organization Name: _____

Address: _____

City, State, Zip: _____

Contact Number: _____

Web Address: _____

Mission Statement: _____

LEADERSHIP

President/Executive Director: _____

Years in that role: _____

Board President: _____

of Board Members: _____

100% Board Giving (circle): YES NO

of Paid Employees: _____

of Volunteers: _____

FINANCES

Please list your revenue, expenses, and net profit/loss for your last three fiscal years or include a copy of your IRS 990's:

Do you have an endowment (circle)? YES NO

If YES, what is the balance as of November 1, 2018? \$ _____

As of November 1, 2018, what is the current balance of your operating account? \$ _____

Do you have enough in reserves to cover six months of expenses (circle)? YES NO

ESSAY

In 500 words or less, please tell us why we should select your non-profit as a Country Fair Cares Partner? Highlight some of the following; How would you use the funds? How many people would benefit from this funding? What makes your non-profit the best Country Fair Cares Partner?

