



**NON-PROFIT PARTNER APPLICATION**

Completed application must be mailed to address below (no phone calls please). Application deadline is October 1, 2019:

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

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

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

**City, State, Zip:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_

**Mission Statement:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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

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**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?

