



## COMMUNITY FOUNDATION

### Criteria for funding Charitable Organizations

Your Charitable organization must: ● reside in Lee County ● have three years of operational success ● not exceed a maximum annual budget of \$500,000.00 ● be operated by a majority of volunteer members ● have its mission and focus directed to improving health and/or educational support and services.

### Terms and conditions for receiving funding

Your Charitable Organization must provide: ● a budget for the proposed project ● an amount of money you are requesting from CRCF ● the intended use of our funds relative to the overall project ● a project timeline ● a progress report provided to you at the Awards Ceremony will need to be completed within 9 months.

EIN 36-4499330 Registration Number: CH19305 A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION

CAPE ROYAL COMMUNITY FOUNDATION  
GRANT APPLICATION FORM

**Please mail Application to:**  
**Cape Royal Community Foundation**  
**Attn: Leslie Mitchell**  
**11866 Royal Tee Circle**  
**Cape Coral, FL 33991**

1. Applicant Name and Address

Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Contact Person

Name & Title of Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

3. Tax Exempt ID \_\_\_\_\_

4. Additional Documentation to be Included

(a) Your mission statement for your organization

(b) Date Established

(c) Financial statement for your most recently completed fiscal year  
including all sources of funding

(d) A description and budget of intended use of funds granted under  
this application

The CRCF Grant processing schedule is as follows:

Deadline for Grant Applications – October 1, 2024

Notification to Grant Recipients – October 21, 2024

Presentation of Grants – November 18, 2024

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF APPLICANT:

Signature: \_\_\_\_\_ Date \_\_\_\_\_