

The Charles and Salome Reymann Foundation

P.O. Box 13441, Fairlawn, Ohio, 44334

GRANT APPLICATION

The Charles and Salome Reymann Foundation is a 501(c)(3) tax-exempt private foundation organization established in 1967 to continue the good works of its namesakes (the “Foundation”). The Foundation is dedicated to supporting positive programs and opportunities that make a difference in the quality of life, health, and welfare of individuals with developmental disabilities in Northeast Ohio. Our vision is to be a leading charitable organization in Northeast Ohio that makes significant contributions to the lives of individuals with developmental disabilities.

The Foundation is limited to the number of projects we can support. To receive funding an organization making a grant request must fill out the following application to ensure that the grant meets the necessary criteria and the Foundation’s mission. In addition, the Foundation does not provide grants that may be used for compensation.

APPLICANT INFORMATION

Instructions: To be considered for a grant, please fill out this form and return to The Reymann Foundation at Reymann.Foundation1967@gmail.com or by mailing to The Charles and Salome Reymann Foundation at P.O. Box 13441, Fairlawn, Ohio, 44334.

(Should you need additional space for your answers, please feel free to attach a separate sheet and reference the corresponding question number on each attachment; then indicate “see attached” in the space provided below. If attaching other documents for consideration, please refer to Section Seven on Page 2).

Section One: General Contact Information		
1.	Applicant Organization’s Name	
2.	Tax ID	
3.	Address	
4.	City/State/Zip	
5.	Name of person submitting application/grant coordinator name	Name: Title or Position:
6.	Phone	
7.	Email	
8.	Facsimile	
Section Two: Organization Information		
9.	Please provide your organization’s mission statement.	
10.	Tell us about the history of your organization.	
11.	Tell us about your current programs and activities and how these meet your mission statements.	
12.	Please describe a few top accomplishments of your organization within the last three (3) years.	

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Section Three: Project Description	
14.	Provide the title of the project or the activity that this grant will be used for.
15.	Provide a brief description of the project/activity.
16.	List the strategic objective and need basis for this project/activity.
17.	Describe the desired outcomes from this project. Who will benefit?
18.	Describe the project activity's overall budget summary (personnel, direct cost, total project cost). Include the percent of overall budget that would derive from the grant you would receive from the Foundation.
19.	Estimated date of project/activity completion.
20.	Please describe how this project/activity meets the Foundation's mission.
Section Four: Organization Financial Information	
21.	Describe the organization's major funding sources.
22.	Describe any previous funding from the Foundation (Year and Amount). Year: Amount: Comments:
Section Five: Organization Qualification	
23.	<input type="checkbox"/> 501(c)(3) tax-exempt organization <input type="checkbox"/> Other:
24.	Is your organization currently in litigation or being investigated by a state or federal regulator, or is subject to a public scandal? If so, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Section Six: Type of Support Requested	
25.	<input type="checkbox"/> Financial Support <input type="checkbox"/> In-Kind Donation Request <input type="checkbox"/> Branding Partnership Opportunity Other:
26.	Amount of Request. \$

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Section Seven: Attachments		
27.	List the name of any additional attachments you wish to have considered (not including those that are already referenced to one or more of the corresponding Sections above).	<ol style="list-style-type: none">1.2.3.4.

I acknowledge that the answers above are true and correct to the best of my knowledge. Should I be approved for a grant from the Foundation, I agree to provide the attached Grant Award Form summarizing the project, within thirty (30) days of completion of the project. At that time, I agree to provide marketing materials, including pictures and releases of the project. I authorize all pictures and releases that I submit with the Grant Award Form to be used by the Foundation for its marketing and promotional purposes, and that all such pictures and releases shall be collateral of the Foundation. I agree that I will promote the Foundation on my project website, marketing vehicles, and any other marketing materials associated with the project deem appropriate.

Date: _____

Applicant:

Print Name
Title

<p><u>For Office Use Only</u> Date of Receipt: Date of Decision: Est. Project Completion Date: <input type="checkbox"/> Applicant was provided the Grant Award Form and given guidance on the responsibility to return form within thirty (30) days of completion of project? Comments:</p>

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GRANT AWARD FORM

Instructions: This form should be returned to the Foundation within thirty (30) days of activity/project completion. **Attach all project marketing/promotional materials, including pictures and releases.** Please return to the Reymann Foundation at Reymann.Foundation1967@gmail.com, or by mailing to The Charles and Salome Reymann Foundation at P.O. Box 13441, Fairlawn, Ohio, 44334.

Organization	
Organization	
Amount of funds granted	\$
Acknowledgement	
On behalf of the above-named organization, I hereby acknowledge receipt of funds granted from The Charles and Salome Reymann Foundation (the "Foundation") for the ____ fiscal year and confirm that the above funds were used for the purpose set forth below.	
Signature	/s/ _____ Printed Name:
Title	
Date	
Project Results	
Briefly describe the activity/project for which funds were utilized. Include any changes made from your approved application and explain:	
What were the goals and objectives of your project/activity and how did you measure them? Did you meet your goals and objectives?	
What were your results? Did you meet your goals and objectives and what were some benefits or changes the participants experienced from the activity/program?	
Other Comments:	

For Office Use Only: Date Received: By:
