

The Flemming Charitable Foundation

Incorporated in 1998

APPLICATION FOR FUNDING

1. Your Organization: Official Name: _____
Mailing Address: _____
Phone: _____ Fax: _____
Year Founded: _____ Is the organization a registered charity? (circle) Yes No
Official Tax Number for Charitable Receipts: _____
A brief description of the work of the organization and its objectives (provide most recent annual report, if available):

2. Your Project: Specific details of the project for which support is sought. Who will be the direct beneficiaries?

Amount of support sought: \$ _____
Is this a one-time project, or will it be ongoing? _____
Will there be a project report? (circle) Yes No
If yes, when will it be available? (estimated date): _____

3. Financial Background: All applicants must attach a copy of their most recent financial report. If not available, an explanation as to why not, as well as an explanation of fiscal management may be considered.

4. Organization's Accomplishments:

Year	Project	Beneficiaries	Results

5. Board of Directors: Please attach a list of Directors, including approximate years of affiliation.

6. Organization Composition: What is the annual payroll of the organization? _____
Identify the number of full-time staff: _____ Part-time staff: _____
Please include the name of the Executive Director: _____

7. References: Please provide three references other than members of Board or Staff who could speak on behalf of your organization, its aims, objectives and accountability. References must be advised by you that they may be contacted.

8. Consent: I/we hereby give permission to The Flemming Charitable Foundation or its agents to verify any and all statements made in this application, to contact project beneficiaries, Board, Staff, references and to announce publicly any support which may be provided.

Signed on behalf of: (name of organization)

The applicant acknowledges that no commitments or promises have been made and that submission of this application is voluntary, without condition, and that the position of the Foundation is not contestable.

Foundation Use Only

Received By: _____ Reviewed By: _____
Recommendations: _____



FLEMMING CHARITABLE FOUNDATION

The Board of Directors of the Flemming Charitable Foundation manage the affairs of this registered private foundation within the purview of its mission statement.

Our mission is to provide relief, through donations, for children, women, men and families who are in need by virtue of their being poor, handicapped or disadvantaged, on a local basis.

All interested in receiving the support of the Foundation are required to submit via this application form:

1. A brief history of the organization requesting support, including the specific objectives of the candidate.
2. The amount of support sought and a detailed explanation of the use and management of funds requested.
3. A copy of the most recent financial statements and annual report of the organization.
4. A listing of noteworthy projects undertaken and completed in the previous five years, including the specific beneficiaries served.
5. A listing of the Board of Directors, including approximate years of association.
6. The number of paid staff, full and part-time, including the name of the Executive Director.
7. A listing of references for which permission to contact has been granted.

The Board of Directors of The Flemming Charitable Foundation has appointed a screening committee from the Board to review each application on its own merit and make the appropriate recommendation to the Board.

Questions or comments may be directed to the Foundation's Secretary at the following e-mail address: colleen@flemmingfoundation.com or by contacting the Foundation office directly at: (902) 468-7521.