



EXCHANGE CLUB OF OCEAN CITY Funding Application

Rev: 11/2017

The Exchange Club dedicated to the support of:
Children in Need Community Country

Organization Name: _____

Mailing Address: _____

Web Site Address: _____

Email Address: _____

Primary Contact Person & Title: _____

Contact Phone Number: _____

* * * * *

Have you received money from the ECOC in the Past? YES _____ NO _____

If YES, please describe how much money and how the money was used?

What is the primary mission of your organization? (Feel free to add an attachment)

How much money is your organization requesting?
\$ _____

Exchange Club of Ocean City Sponsor: _____



EXCHANGE CLUB OF OCEAN CITY

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1. Is your organization designated as 501 c (3) under IRS rules? YES _____ NO _____
a. (Proof of IRS status must be furnished with application if applicable)
2. Does your organization receive State or Federal Funding? YES _____ NO _____
a. If so, what % of your annual funding is from these sources? _____
3. What % of your total annual funding is used for:
a. Administration and other overhead expenses? _____
b. Direct benefit to targeted beneficiaries? _____
4. Is your organization required to file Fed Tax form 990? _____
a. If so, please attach copy of latest submission.
5. Do you agree to restrict the use of any money awarded to the purpose stated in this application: YES: _____ NO: _____
6. Do you agree to monitoring procedures by the ECOC to ensure that the money is used for the sole purpose stated in this application? YES: _____ NO: _____
a. (Procedures may include the ECOC requesting complete reporting of money usage)
7. Is anyone in your organization a member of the ECOC? If yes, WHO?
a. _____

Please **specifically** describe how requested monies would be used by your organization.
(Feel free to add an attachment)

(Attach a separate sheet if necessary)

SEND COMPLETED FORM TO: ECOC, PO BOX 657, OCEAN CITY NJ 08226

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____