



### Strawberry Festival Application

Church of the Atonement  
36 Court Street  
Westfield, MA 01085  
(413) 562-5461



Name of Organization: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### OFFICERS

President: \_\_\_\_\_ V.P. \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

#### FINANCIAL DATA

Please submit your most recent financial statement with this application.

*Are you a non-profit organization?* \_\_\_\_\_

State of Charter: \_\_\_\_\_ Date: \_\_\_\_\_

Tax Exempt No.: \_\_\_\_\_

#### Indicate by percentage your breakdown of revenue:

*Direct solicitation:* \_\_\_\_\_ *Mail:* \_\_\_\_\_ *United Way:* \_\_\_\_\_

*Foundations:* \_\_\_\_\_ *Government grants:* \_\_\_\_\_

*Client Payments:* \_\_\_\_\_ *Other (Describe):* \_\_\_\_\_

**Program Budget:** Current: \$ \_\_\_\_\_ Projected: \$ \_\_\_\_\_

**Salaries:** Current: \$ \_\_\_\_\_ Projected: \$ \_\_\_\_\_

**Expenses:** Current: \$ \_\_\_\_\_ Projected: \$ \_\_\_\_\_

Name of Program for which funds will be designated:

\_\_\_\_\_

Nature of Program:

\_\_\_\_\_

Service Area: \_\_\_\_\_ No. of persons served annually: \_\_\_\_\_

**PERSONNEL DATA**

Full time staff \_\_\_\_\_ Part time staff \_\_\_\_\_ Volunteers \_\_\_\_\_

**FACILITY DATA**

Rent \_\_\_\_\_ Own \_\_\_\_\_ Donated space \_\_\_\_\_

Description of facility:

**Please attached a typed sheet with responses to the following questions:**

1. General program description.
2. Outline of specifics on how these funds will be used.
3. Describe how this gift will have an impact on your program.
4. Include or attach any additional information or materials that will help describe your program and/or the goals for this project.

*In the event that your organization is selected to receive the Strawberry Festival funds, we ask that you join us on a designated Sunday to share program information with our congregation. We also ask that your organization commit to support the Strawberry Festival to the best of your ability through volunteer workers, ticket sales, etc. We ask recipients to join us again at the church, after the festival, to accept the proceed check.*

*Recipients are required to submit a final report outlining how the funds were used. This report should submitted by June 1 of the year following the award.*

*The recipient of the Strawberry Festival proceeds will be remembered weekly in our prayers.*

Date of Application: \_\_\_\_\_

Signature of Executive Dir./President: \_\_\_\_\_

