

Upper's Winter Fantasy of Lights

Wyandot County's Light Extravaganza

a non profit charitable event established 1997



CHARITABLE RECIPIENT APPLICATION FORM

Name of Organization _____

Address _____

Grant recipients will be required to retain and submit copies of receipts for purchase of goods and services. Further, the person responsible for the initiative will be required to submit a narrative report on the initiative and its results, within 10 months after receiving grant funds.

Description of Need:

Specific Use of Funds *(Please include a budget sheet/line item use of money):*

Other Sources of Funds:

Service Area:

Population Served: _____

Contact Name: _____

Phone No.: _____ Date: _____

Email: _____

Please note: Attach a copy of a current IRS determination letter indicating 501(c)(3) status or a written statement from a local or state auditor verifying applicant is a government entity and a list of your board of trustees with their affiliation. Send application to Upper's Winter Fantasy of Lights, P. O. Box 6, Upper Sandusky, Ohio 43351 or email fantasyoflights@gmail.com. If additional space is needed you may add one additional page to this application.