

To be an eligible Upper's Winter Fantasy of Lights charitable recipient, you must be a 501(c) (3) charitable organization, as determined by the Internal Revenue Service, or a unit of government such as a county, city, township or public school board. If your organization qualifies and has a worthy project complete the application.

**SUBMIT APPLICATION** by May 1 of the current year with the following:

\_\_\_\_\_ A copy of your 501(c) (3) determination letter from the IRS or a written statement from a local or state auditor verifying your status as a governmental entity. (Ohio Department of Taxation Sales and Use Tax Blanket Exemption Certificate is not Accepted).

\_\_\_\_\_ Provide 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 send by email to [fantasyoflights@gmail.com](mailto:fantasyoflights@gmail.com)

### **CONFIRMATION**

Once Upper's Winter Fantasy of Lights receives your application our secretary will reply by email to the contact person **within 3 days** to confirm the application was received.

If you do not receive a confirmation notice, contact us at:

[fantasyoflights@gmail.com](mailto:fantasyoflights@gmail.com)

or call Jean Gottfried, Secretary at 419-294-4326

# 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](mailto:fantasyoflights@gmail.com). If additional space is needed you may add one additional page to this application.

**Additional note:** Once Upper's Winter Fantasy of Lights receives your application our secretary will reply by email to the contact person within 3 days to confirm the application was received. If you do not receive a confirmation notice, contact us at [fantasyoflights@gmail.com](mailto:fantasyoflights@gmail.com) or call Jean Gottfried, Secretary at 419-294-4326.