

**Levin College Nonprofit Connection  
Nonprofit Community Assistance Project  
Application Form: Fall 2008**

**Organization Name:** \_\_\_\_\_

**Director (s) name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Is your organization an Ohio Nonprofit Corporation?** \_\_\_\_yes \_\_\_\_ no

**Is your organization a 501(C)(3)?** \_\_\_\_yes \_\_\_\_ no

**Type of Project:** \_\_\_\_\_

**Brief Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Checklist of Enclosed Materials (3 copies of each):**

- \_\_\_\_\_ This completed cover sheet signed by the designated contact person
- \_\_\_\_\_ Brief description of project (no more than 5 pages)
- \_\_\_\_\_ Background material (brochure, annual report)
- \_\_\_\_\_ Copy of the organization's 501(C)3 tax exempt determination letter

**Contact Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Contact(s) Signature:** \_\_\_\_\_

**Director(s) Signature:** \_\_\_\_\_

Return **three (3) copies** of proposal by **Friday, August 15<sup>th</sup>, 2008** to:

**Shane Connor, Program Coordinator  
Center for Nonprofit Policy & Practice  
Maxine Goodman Levin College of Urban Affairs  
Cleveland State University  
1717 Euclid Avenue  
Cleveland, Ohio 44115**