**Youngstown Marathon Foundation** **Marketing & Expo Director**

C/O Second Sole Crystal Siembida Boggs

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**Youngstown Marathon Foundation Charitable Beneficiary Application 2020**

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

**Legal name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal address of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your organization a 501(c) 3 nonprofit: \_\_\_\_\_\_\_ Please provide the EIN Number: \_\_\_\_\_\_\_\_\_**

**Check which best describes what you will use this funding for:**

**\_\_\_\_ General support**

* Total organization budget (for current year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dates covered by this budget:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Funding request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_ Specific Project Support**

* Total project budget:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dates covered by this project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Funding request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER REQUIREMENTS**

**PROPOSAL SUMMARY:** Please summarize in a short paragraph the purpose of your agency.  Briefly explain why your agency is requesting to be a beneficiary, what outcomes you hope to achieve, and how you will spend the funds if awarded.

**NARRATIVE:** Describe the work of your agency by answering the following:

A: A brief description of its history and mission

B: The need or problem our organization works to address, and the population that our agency serves:

**Funding Request:** Please describe the reason(s) for which you seek funding by answering the following:

1. If you will use the funding for *general operating support*, please describe how it will be used.
2. If you will use the funding for a specific project, please describe the following:
	* 1. The population the project will serve and how this population will benefit from the project
		2. How the project aligns with your organization’s mission

**OTHER MATERIALS (please attach):**

A.Copy of W9

B. Additional materials your organization feels will help support the application process.

**REQUIREMENTS**

1. Charities chosen for a donation are required to attend the Marathon Expo that takes place the day before the race and set up a booth.  Booth space details will be provided and there is no charge for the booth space.
2. Chosen charities need to provide 5-10 volunteers on race day.  Volunteers can request to be assigned to the finish line or out on the race course.
3. Applications are due by May 1, 2020. Preferably emailed to marketing@youngstownmarathon.com. Chosen charities will be notified after the May 2020 Youngstown Marathon Foundation board meeting.