

CENTRAL ELECTRIC INSPECTION BUREAU (“CEIB”)

Request for Financial Assistance

Requests must be mailed to: CEIB, c/o Funding, 201 E. Commerce Street, Suite 160, Youngstown, OH 44503

Applicant Information (Please Print and Complete All Questions)		
Legal Name of Organization (“Organization”)		
Contact Person:	Phone:	Fax:
Requesting Organization Address:		
City:	State:	Zip:
Year Founded:	Annual Budget:	Date of Application:
E-Mail Address or Website Address:		
Alternate Contact:	Phone:	Fax:
Specific Project or Use of Funding Information		
<i>*Please attach a detailed sheet explaining the project and the specific use of CEIB funds requested:</i>		
♦ Project Name: _____	♦ Amount Requested: _____	
♦ Geographic area to be served: _____	♦ Begin date of Project: _____	
Has CEIB funded this project before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate date: _____		
Has your organization requested to received funding for this Project from any organization other than CEIB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate amount: _____ and from whom: _____		
Is someone from your organization available for a presentation to CEIB about this specific project: <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Organization’s Mission Statement: _____ _____		
I/we understand that all funding provided by CEIB shall be used for the purpose/use of the designated project stated and that any different purpose, misuse or personal benefit is fraud, and CEIB has the right to request the return of all or any portion of the funding provided.		
I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT:		
1. The tax-exempt status of this Organization is still in effect and I have attached proof of the Organization’s 501(c)(3) status.		
2. If funding is awarded to this Organization, the proceeds will not be distributed to or used to benefit any organization that is not a non-profit organization, or used for any other unlawful purposes.		
Signature of person completing application: _____		
Title: _____		
Checks should be made payable to: _____		
For Board Use Only		
Presented by Committee Chair, Name: _____		Board Meeting Date: _____
Treasurer Information – Board Approval Date: _____		CK # _____ Amount: _____