

Flanzer Match Program Application

Instructions: Applicant shall complete and send this Application and copies of the most recent 990, 990-T, auditors report and management report or, if none, current financial statement to 1266 First Street, Suite 4, Sarasota, Florida 34236, or to info@flanzertrust.org.

Name of Organization

EIN#

Name, Phone Number and Email Address for Contact Person

Mailing Address

County, State, Zip Code

Telephone Number

Email Address

Mission of Agency: _____

Location of Direct Services:

- ___ Sarasota
- ___ Manatee
- ___ Desoto
- ___ Charlotte

Services offered:

- ___ Social Services
- ___ Social Welfare
- ___ K-12
- ___ Healthcare with education
as the primary function
- ___ Other: _____

Certification of Agency: Applicant certifies that (a) Applicant is a nonprofit group and has been determined tax-exempt under Section 501(c)(3) of the Internal Revenue Code; (b) Applicant has reviewed the Eligibility Terms and Conditions contained under Flanzertrust.org/eligibility including the criteria for Eligible Agencies and Ineligible Agencies; (c) Applicant meets the terms and conditions for Eligible Agencies; (c) Applicant does not engage in any of the activities listed in Paragraphs A through D and is not a faith based agency as listed in Paragraph E under Ineligible Agencies; (d) neither the Agency nor any of its officers, directors, trustees, or employees, regardless of adjudication, have been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime within the last 10 years; and, if approved, (e) Applicant shall regularly review the web site for the Trust so that Applicant is aware of the Eligibility Terms and Conditions in effect; and (f) Applicant shall abide by all Eligibility Terms and Conditions of the Program.

Dated: _____

By: _____
Name and title