



CFHLA FOUNDATION GRANT APPLICATION

The CFHLA Foundation donates to advance
Hospitality and Tourism initiatives, youth-related causes,
educational opportunities, and community advocacy in Central Florida.

The CFHLA Foundation, Inc. is a Florida non-profit corporation that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. The Foundation's primary functions are to receive contributions and revenues from fundraising events and to disburse those funds for community purposes, particularly hospitality programs consistent with the Foundation articles and bylaws.

CFHLA GRANT APPLICATION

(GRANT APPLICATIONS WILL BE REVIEWED ON AN ONGOING BASIS)

Central Florida Hotel and Lodging Association
6675 Westwood Blvd. Suite 210
Orlando, FL 32821
Phone: (407) 313-5022
cfhlafoundation@cfhla.org
www.cfhla.org

FILLABLE PDF APPLICATION – PLEASE TYPE

ORGANIZATION INFORMATION

DATE:

ORGANIZATION:

CONTACT PERSON AND TITLE:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:

FAX:

EMAIL:

FUNDING INFORMATION

1) A CLEAR, CONCISE STATEMENT OF THE ORGANIZATION / EDUCATIONAL FACILITY'S PURPOSE:

2) HAS THE CFHLA FOUNDATION CONTRIBUTED TO YOUR ORGANIZATION IN THE LAST THREE YEARS? IF YES, DESCRIBE IN DETAIL THE PURPOSE OF THE GRANT AWARDED (IF MORE THAN ONE GRANT WAS RECEIVED, PLEASE ITEMIZE):

3) DESCRIBE THE PROJECT AND/OR PROGRAM FOR WHICH FUNDS ARE BEING REQUESTED. PLEASE INCLUDE THE NEED THE PROGRAM INTENDS TO ADDRESS, THE PROPOSED TIME PERIOD OF THE PROJECT / PROGRAM, AND THE DOLLAR AMOUNT BEING REQUESTED:

4) ARE ADDITIONAL FUNDING SOURCES BEING SECURED FOR THIS PROGRAM / PROJECT? IF SO, PLEASE LIST ANY ADDITIONAL SECURED OR REQUESTED FUNDING:

5) DESCRIBE THE EVALUATION PLAN FOR THIS PROJECT / PROGRAM:

6) IF YOUR INSTITUTION IS AWARDED A GRANT, YOU MAY BE ASKED TO MEET WITH THE CFHLA FOUNDATION BOARD OF DIRECTORS TO DISCUSS THE RESULTS OF THE PROJECT. DO YOU AGREE TO FULFILL THIS COMMITMENT?

7) PLEASE EMAIL THE FOLLOWING INFORMATION / APPENDICES WITH THIS APPLICATION:

A) LIST OF BOARD OF DIRECTORS AND / OR PRIMARY FACILITY STAFF.

B) ANY INFORMATION NOT FULLY ADDRESSED IN THE GRANT APPLICATION THAT WILL SIGNIFICANTLY ASSIST THE FOUNDATION IN THE EVALUATION OF THE REQUEST.

GRANT APPLICATIONS WILL BE REVIEWED ON AN ONGOING BASIS.

APPLICANT SIGNATURE

SIGNATURE AND TITLE, CHIEF PAID STAFF MEMBER

DATE

FOUNDATION USE ONLY

GRANT APPROVED / DOLLAR AMOUNT:

DATE:

APPROVAL SIGNATURES (FOUNDATION OFFICERS)

CFHLA FOUNDATION CHAIRPERSON SIGNATURE

CFHLA PRESIDENT / CEO SIGNATURE