



# NEW CAR DEALERS OF WNY CHARITABLE FOUNDATION GRANT APPLICATION



~ Page 1 of 2~

Please be concise in your responses.  
Supporting documentation/materials welcome.

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

1. How did you hear about the New Car Dealers of WNY Charitable Foundation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your organization: ☐ Not for Profit\* ☐ IRC Section 501(c)3\* ☐ Registered with NY State Charities  
Department\*  
☐ Other\* (please describe) \_\_\_\_\_  
\*Documentation must be submitted along with last fiscal year's audited financial statement.

3. Has the organization received a grant or donation from the New Car Dealers of WNY Charitable Foundation or  
NFADA? ☐ Yes ☐ No If yes, provide details including date and amount of award and how the monies were used.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your organization currently receive funding in excess of \$10,000 from a new car franchise dealer in WNY?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe the source and commitment of those funds. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the activities of the organization including the location in which it operates. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the management/staffing of the organization including total annual payroll. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## NEW CAR DEALERS OF WNY CHARITABLE FOUNDATION GRANT APPLICATION



~ Page 2 of 2~

Please be concise in your responses.  
Supporting documentation/materials welcome.

Name of Organization \_\_\_\_\_

7. Detail the organization's income structure by percentage derived from private funding/government or other sources.

---

---

---

8. Percentage of income utilized for direct charitable purposes vs. organization's operations and administration. \_\_\_\_\_

---

---

---

9. Describe the organization's fundraising activities. \_\_\_\_\_

---

---

---

10. Please indicate the specific dollar amount you are requesting. \$ \_\_\_\_\_

11. Describe the organization's proposed use of the grant. \_\_\_\_\_

---

---

---

---

12. I certify to the New Car Dealers of WNY Charitable Foundation that the information provided is true and correct, and I have enclosed a current audited financial statement.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application and supporting documentation to:  
New Car Dealers of WNY Charitable Foundation  
Attn: Betty Murphy  
1144 Wehrle Drive, Williamsville, NY 14221

Direct any questions to Betty Murphy at [betty@nfada.com](mailto:betty@nfada.com)

Rev. 9.2018