

# Cleveland Rehab Community Funding Foundation Quarterly Grant Program

Please Email this Application: [clevelandrehabfunding@gmail.com](mailto:clevelandrehabfunding@gmail.com)

Scan the QR Code below to pay the \$100 application fee:



During the PayPal payment process, you will be prompted to enter a three-digit raffle number. This number will be used to determine the winner of the grant based on the Ohio Lottery's afternoon three-digit draw. Please retain your payment confirmation for reference.

### Application Form

Full Name:

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Address:

**Cleveland Rehab Community Funding Foundation Quarterly Grant Program**

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City, State, ZIP Code:

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Email Address:

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Phone Number:

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Individual, Business, or Nonprofit Name:

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If Business/Nonprofit, Certification Number:

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Briefly describe your project or initiative (1000 words max):

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How does your project align with the CRCF Foundation mission?:

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Provide details of your financial need or project funding requirements:

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PayPal Transaction ID for \$100 Application Fee:

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Three-Digit Raffle Number (Entered During Payment Process):

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**Acknowledgment**

By signing below, I confirm that all information provided in this application is accurate. I understand that the Cleveland Rehab Community Funding Foundation reserves the right to verify all submitted information. I agree to use any granted funds strictly for the purposes outlined in this application.

Signature:

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Date:

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