

**2019 FALL BLAST 5K
APPLICATION FOR CHARITABLE RECIPIENTS**

The staff of HARTZ Physical Therapy is excited to announce that we are accepting applications from Lancaster-based non-profits who are interested in partnering with us for the 2019 Fall Blast 5K. The winning applicant will receive 100% of proceeds from the 2019 event. Total proceeds typically vary from \$10,000 - \$15,000, however will depend on the success of the event.

APPLICANT REQUIREMENTS:

- (1) Applicant must be registered with the government as a 501(c)(3) organization, currently in good standing and compliant with all applicable non-profit laws.
- (2) Applicants must be headquartered in Lancaster County, or specifically earmark the funds to benefit Lancaster County initiatives.
- (3) Total annual revenue generated by the applicant cannot be greater than \$2,500,000 in the most recently completed fiscal year.
- (4) Applicant agrees to provide a representative to attend monthly Fall Blast meetings (April – October). Meetings will take place once/month at HARTZ Physical Therapy. Representative will participate and assist in the planning of the Fall Blast event, as needed, and report back to beneficiary organization with progress and any requests for assistance.
- (5) Applicant must assist in marketing the event to their supporters to increase community exposure, participation and sponsorship opportunities,
- (6) The Executive Director, CEO, or similar leader of the organization must be available on the following dates:
 - a. Finalist Presentations (7pm): Thursday March 21st or Thursday April 18th depending on volume of applications received.
 - b. Fall Blast 5K: October 5th 2019 from 8am-11am
 - c. Check Presentation: Date TBD following the event

**COMPLETED APPLICATIONS MUST BE EMAILED
TO FALLBLAST5K@HARTZPT.COM NO LATER THAN 2/28/2019
REQUESTED DOCUMENTS MUST BE ATTACHED TO EMAIL
IN EITHER WORD OR PDF FORMAT.**

Questions? Email fallblast5k@hartzpt.com

**APPLICATION FOR THE RECIPIENT OF
2019 FALL BLAST 5K PROCEEDS**

Applicant Name _____

Street Address _____ City _____ State _____ Zip _____

Primary Contact _____ Phone _____

Email Address _____

Mission _____

Date Established under Section 501(c)(3) _____

Annual Budgeted Revenue _____ Annual Budgeted Expenses _____

Website _____

Are you Affiliated with a larger organization*? Yes No

** i.e. a national or international organization that provides support to local chapters*

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. List all paid employees, position and annual wages
2. If you are affiliated with a larger organization, please describe relationship and any financial or other help received or given
3. In 500 words or less, please describe how your organization plans to utilize funds received from the Fall Blast 5K
4. Please submit complete financial reports for the most recent 2 fiscal years ended as well as a budget for the current fiscal year.
5. A testimonial or other impact statement from a beneficiary of your work in Lancaster County. (100 words or less)