



**Squeal on the Eel (3<sup>rd</sup> Annual Fundraiser)  
June 15, 2024  
Non-For-Profit Application for Funds from Event Festival**



**Name of Organization:** \_\_\_\_\_

**Non-Profit Federal Identification Number:** \_\_\_\_ - \_\_\_\_ (Copy of 501©3 letter must be attached)

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

**History & Mission of Organization:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use the space provided below (or attach a short letter) describing how the donation will be used:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is this a Cass County Organization (please circle one):** YES NO

**Are you willing to provide volunteers the day of the event (please circle one):** YES NO

**How many members or volunteers do you have with your organization (Approximately):** \_\_\_\_\_

**Application Prepared & Submitted By:**

**Name (please print):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail completed form to: Squeal on the Eel PO BOX 1853 Logansport Indiana 46947

Questions? Please direct that to: [squealontheel@gmail.com](mailto:squealontheel@gmail.com)

\*Funds from festival proceeds are directed to Cass County Non-For-Profit Organizations