



Hello and thank you for your interest in our funding proposal process!

Please find our funding application below, but first, we would like to share some additional information to hopefully make the Candle Lighter proposal process a little clearer.

The purpose of the Candle Lighter Ghost House is to raise funds for locally based, non-profit organizations. We select a maximum of 10 grant recipients from the Tri-City area each year based on need and not the size of the group. Proposals are chosen and reviewed by the Proposal Committee.

Each proposal must be requesting items to be used as an investment in either building, land, or equipment. Proposals for salaries, personnel, scholarships, administrative costs, service contracts, design fees, disposables or consumables, vehicles, or electronic devices such as phones, tablets, laptops, or computers will not be accepted. Electronics that are included within equipment, and requests for specialized electronic devices do qualify for funding. Reasonable shipping, installation and set-up charges will be paid at the discretion of the Proposal Committee.

Organizations may only submit one proposal each year. If your organization is funded, they may not apply again for two years, but if they are not funded, they are welcome to apply again the following year. The Cities of Fremont, Newark, and Union City and the School Districts and City Service Departments of each of these cities are excluded from the non-profit requirement and may apply for funding annually.

Applications are due April 1, 2026, for the Proposal Committee's review. Accepted applications will be informed by June and invited to our Proposal luncheon event. There you will be asked to present and answer questions about your proposal. Our members then vote to determine the order of funding. That October, our Ghost House will raise money specifically for those organizations chosen. At the close of the Ghost House, we will fund as many proposals as we can from the profits collected and present them to your organization the following January 2027.

If you have any additional questions about this process, please feel free to contact me, Caroline Siebert at [Fremontcandlelighters@gmail.com](mailto:Fremontcandlelighters@gmail.com) or my cell phone at (510) 589-2260. We look forward to supporting the organizations of the Tri-City area for the benefit of our community.

~ Caroline Siebert

The Candle Lighters

2026 Parliamentarian



**The Candle Lighters**

**P.O. Box 174, Fremont, CA 94537**

## **APPLICATION FOR FUND**

**\*\* 5 copies** of the application are due no later than **April 1st, 2026**. Proof of non-profit status is required. You may use additional sheets as necessary and include attachments. Please mail the completed forms to Candle Lighters P.O. Box 174, Fremont, CA 94537. Or via email: [cesiebert123@gmail.com](mailto:cesiebert123@gmail.com). If you have any questions, please don't hesitate to call.

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

Description of the item(s) requested: \_\_\_\_\_

Amount requested: \_\_\_\_\_

## **TELL US ABOUT YOUR ORGANIZATION**

Date the organization was established: \_\_\_\_\_

Years of local service: \_\_\_\_\_

Tax exempt status:

Federal: Yes/No    Federal Certificate Number: \_\_\_\_\_    Date: \_\_\_\_\_

State: Yes/No    State Certificate Number: \_\_\_\_\_    Date: \_\_\_\_\_

If no tax-exempt status, please explain. \_\_\_\_\_

Are your finances audited annually? Yes/No Date last IRS tax Files: \_\_\_\_\_

Are you a member of United Way or a similar fund drive? Yes/No

If yes, name fund(s): \_\_\_\_\_

Frequency of board of director meetings: \_\_\_\_\_

Name of President, Manager, or Director: \_\_\_\_\_

Number of employees on payroll: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

What area does your organization serve? \_\_\_\_\_

How is your organization advertised in the community? \_\_\_\_\_

When is the best time to visit your facility? \_\_\_\_\_

Have you requested funding from other sources this year? Yes/No

**If yes**, please specify the purpose of funding and the amount requested.

\_\_\_\_\_

What organizations have funded you in the last three years? \_\_\_\_\_

What percentage of your annual budget is applied to administration or fundraising costs? \_\_\_\_\_

Describe the services and activities of your organization, i.e., counseling, occupational therapy, education, etc.

How many tri-city community members will you serve throughout the year? \_\_\_\_\_

Have you been funded by The Candle Lighters before? Yes?No

If **yes**, when? \_\_\_\_\_

## **TELL US ABOUT YOUR PROPOSED PROJECT**

How will your project benefit the tri-city community?

Indicate how and when your organization plans to spend funds for this project. Include, as appropriate, sketches, pictures, brochures, pamphlets, etc.

Please submit an itemized budget. **At least (2) formal, original bids should accompany this budget.**

The lowest bid may be approved at the discretion of the Candle Lighters Board. If you chose one of the higher bids, please explain why. Only listed items will be funded. No exceptions.

Choosing higher bid: Yes Why: \_\_\_\_\_

Please submit a brief paragraph describing this proposal, amount, item(s) requested, etc. for publication in our membership newsletter. This paragraph should be no longer than 10 lines typed, single spaced.

Name of person submitting proposal: \_\_\_\_\_

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

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of organization manager or director: \_\_\_\_\_

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

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_