



## Application for Community Grant

The Charley Foundation provides monetary grants to non-profit agencies that address the critical needs of children.

### **INSTRUCTIONS:**

- A. Please type or print in ink.
- B. Include the following support materials:
  - 1. Statement of purpose of your agency.
  - 2. List of your Board of Directors and its committees.
  - 3. Current and prior year's budget sheet, and statement of revenues and expenditures.
  - 5. Most recent IRS Form 990.
  - 6. A copy of your 501 (c) (3) IRS Authorization permit.
- C. Return the completed application and all support material to:

The Charley Foundation  
P.O. Box 120126  
Nashville, TN 37212  
Telephone: 615-297-1663  
FAX: 615-523-2968

The Charley Foundation operates with one application deadline per year. Proposals must be post marked by September 30<sup>th</sup> in order to be considered for the giving cycle the following year.

**Please Note:** Failure to include all of the support materials listed above may result in a delay in reviewing your application. If you cannot provide one or more of the support material listed above, please include an explanation in writing with your application. Do not send support material other than those listed above, unless requested to do so by a member of The Charley Foundation Board of Directors.

**FUNDING CRITERIA**

The Charley Foundation will consider each of the following criteria in reviewing this application. Request for funding must meet **all** criteria.

1. **Legal** – The agency is a 501(c)(3) organization, association or foundation
2. **Focus** – The Agency addresses critical needs of children.
3. **Relevance** – The Agency faces the possibility of a disruption of a program or service.
4. **Viability** – The Agency has prospects for continued funding.
5. **Impact** – The funds will make a significant impact on the Agency’s clients.
6. **Accountability** – The Agency has governing to ensure proper allocations of funds.

**GRANT APPLICATION**

**I. Agency Information**

**(Please type)**

Name of Agency: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount being requested: \$ \_\_\_\_\_

Purpose for which money will be used: \_\_\_\_\_

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

How did you learn about TCF: \_\_\_\_\_

\_\_\_\_\_

Have you requested funds from The Charley Foundation in the past? If so, when and for what need: \_\_\_\_\_

\_\_\_\_\_

Did you receive TCF funding: \_\_\_\_\_ Yes \_\_\_\_\_ No

## II. Agency Staffing

The Charley Foundations is dedicated to benefiting organizations that have demonstrated a commitment to volunteer participation.

How many paid employees does the agency have? \_\_\_\_\_

How many volunteers are currently working at the agency? \_\_\_\_\_

Explain the role of the volunteers in the agency: \_\_\_\_\_

\_\_\_\_\_

*Please answer the following questions with the Funding Criteria in mind.*

### III. The Agency addresses critical needs of children. Include:

A. Information regarding in what capacity does the agency serve children:

\_\_\_\_\_

\_\_\_\_\_

B. How many children does the agency serve?: \_\_\_\_\_

C. How many children does the agency expect to serve specifically with these funds?:

\_\_\_\_\_

### IV. The Agency faces the possibility of disruption of a program or service.

A. Why does this need have to be addressed now?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. What will be the consequences be if funds for this need are not obtained from the The Charley Foundation or some other source?: \_\_\_\_\_

\_\_\_\_\_

### V. The Agency has prospects for continued funding.

A. Briefly describe the agency's funding sources: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Funding Requests**

**VI. An unforeseen need not covered by its budget or present financial resources.**

A. Briefly explain why you need this emergency funding: \_\_\_\_\_

\_\_\_\_\_

B. Does the agency have reserves for emergencies; if so, can they be used to address this need? If not, why: \_\_\_\_\_

\_\_\_\_\_

C. What is the total cost of the need or project for which funds are requested?: \_\_\_\_\_

\_\_\_\_\_

D. If necessary, can this expense be included in your agency's budget in the future?: \_\_\_\_\_

\_\_\_\_\_

**VII. The funds will make a significant impact on the Agency's clients.**

A. Briefly describe how the TCF funding will benefit your agency and the children it serves: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This application must be signed by both the Chairman of the Board and the person authorized by the Board to sign contractual agreements.

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

\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Chairman of the Board)

\_\_\_\_\_

\_\_\_\_\_  
(Agency Signature) (Position)

**Office Use Only**

Date of Receipt \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Amount Approved by Board \$ \_\_\_\_\_ Date Grant Issued \_\_\_\_\_

\_\_\_\_\_  
Rodney James, Treasurer

\_\_\_\_\_  
Carolyn Miller, President