

February 8, 2018

Dear Applicant,

Thank you for allowing Speedway Children's Charities (SCC) an opportunity to find out more about your organization. We can best affect children's lives by supporting organizations that work tirelessly to see that children's needs are met whether they are due to illness, social environment or disability. We are always excited to learn about other organizations who share our same passion and commitment to improving the lives of children.

Attached is a copy of the 2018 Speedway Children's Charities grant application. In addition to the application, please provide a cover letter with a summary of your overall organization, as well as a signed copy of the eligibility form. You must be an established 501(c)3. Please note that all the eligibility requirements must be met in order to be considered. If your organization does not meet these requirements your application cannot be approved. The application must be postmarked by the deadline of August 31, 2018. Applications will not be accepted via fax or email. Determinations will be made by the Board of Directors in November, and you will be notified of their decision in writing by the end of the year.

We also ask that groups acknowledge our commitment by including our name or logo on any printed material, press releases, website, or signage pertaining to our sponsored program.

If you have any questions regarding the content of the proposal please contact me at 770-946-3980 or by email at [kellym@atlantamotorspeedway.com](mailto:kellym@atlantamotorspeedway.com). Thank you for your interest in Speedway Children's Charities; we look forward to joining you in the mission to help children.

Best wishes,

Kelly Mullins  
Director, Atlanta Chapter

*Speedway Children's Charities*  
*P.O. Box 500*  
*Hampton, GA 30228*  
[www.atlanta.speedwaycharities.org](http://www.atlanta.speedwaycharities.org)

**GRANT ELIGIBILITY FORM**

**2018 Speedway Children's Charities Grant Application  
Eligibility**

**Important Information:**

- ❖ First year applicant's maximum request cannot exceed \$4000.
- ❖ Capital projects or office supplies are ineligible for funding.
- ❖ Projects must serve the needs of children.
- ❖ Grants for purchase of vehicles will be ineligible.
- ❖ Funding cannot be used for salaries or consulting fees.
- ❖ Funding cannot be used for scholarship programs.
- ❖ Organization must be registered as a **501(c)3**.
- ❖ Organizations must serve the community for a minimum of one year to be eligible.

**Applications must include the following:**

- ❖ 2 Copies of completed Grant Application
- ❖ 2 Copies of IRS **501(c)3** verification
- ❖ 2 Copies of operating budget
- ❖ 2 Copies of Board of Directors roster
- ❖ 2 Copies of Mission Statement and organizational chart.
- ❖ 2 Copies of this signed form to acknowledge these requirements
- ❖ 2 Copies of Organizations Overall Financial Documents (as requested in Question 6)

All applications must be postmarked by **August 31, 2018**  
(Applications received after this date will not be accepted)

**Please send application to:**  
Speedway Children's Charities  
P.O. Box 500  
Hampton, GA 30228

*We certify that this organization meets the above listed criteria to be considered for a grant:*

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*Signature, President of Board of Directors*

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*Name / Position*

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*Address*

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*Signature, Project Coordinator*

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*Name / Position*

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*Address*

**GRANT APPLICATION COVER SHEET**

Date of Application: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Year founded: \_\_\_\_\_

Legal name of organization: \_\_\_\_\_

*(Must match the IRS determination letter and IRS Form 990)*

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

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

Contact person and Title: *(if different from Executive Director)*:  
\_\_\_\_\_

Address *(mailing)*: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

List any previous support from SCC in the last 3 years: \_\_\_\_\_  
\_\_\_\_\_

**Program Name/Purpose of Grant:** (one sentence):  
\_\_\_\_\_  
\_\_\_\_\_

**Planned Project Start Date:** \_\_\_\_\_ **Planned Completion Date:** \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_ **Total Program Cost:** \$ \_\_\_\_\_

**Current Operating Budget:** \_\_\_\_\_

\_\_\_\_\_ % of Operating Budget for admin/fundraising

\_\_\_\_\_ % of Operating Budget for this project

\_\_\_\_\_ % of Operating Budget serving children & youth

**Number of children who will benefit from this program:** \_\_\_\_\_

**Type of Grant:** \_\_\_\_\_

*(Example: Social, Medical, Financial, Educational)*

\_\_\_\_\_  
**Signature, Chairperson, Board of Directors**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature, Executive Director**

\_\_\_\_\_  
**Date**

## GRANT APPLICATION

*Please type the application in standard size type. Please answer all the questions in the space provided. You may include attachments as a supplement to your answer. DO NOT use the attachments as the answer.*

1. **Description of Applicant Organization:**

Include history, mission and goals. Describe current programs, activities and accomplishments. Please include the responsibilities of the board, staff, and volunteers.

2. **Purpose of Grant:**

Describe needs/problems to be addressed; target population and how they will benefit; project goals; measurable objectives; action plans; and whether this is a new or ongoing part of your organization.



6. **Fiscal Information of Applicant Organization:**  
Complete the program/project budget that follows. On a separate page show how each budget item relates to the project and calculations for the budgeted amount. Include a copy of Form 990, your organization's current annual operating budget, and a projected budget for the upcoming year. In the event that we are unable to meet your full request, indicate priority items in the proposed program budget.

7. **Certification:**  
We certify that the information contained in this application (including attachments) is true and correct to the best of our knowledge.

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**Signature,  
President of Board of Directors or  
Authorizing Official**

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**Signature,  
Project Coordinator**

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*Name*

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*Name*

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*Title*

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*Title*

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*Address*

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*Address*

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## PROGRAM/PROJECT BUDGET—CURRENT REQUEST

### PROGRAM/PROJECT INCOME

Fiscal Year: \_\_\_\_\_

<u>Source</u>	<u>Amount Committed</u>	<u>Amount Pending*</u>
<b>Support</b>		
Government grants	\$	
Foundations	\$	
Corporations	\$	
United Way or federated campaigns	\$	
Individual contributions	\$	
Fundraising events and products	\$	
Membership income	\$	
In-kind support	\$	
Investment income	\$	
Speedway Children’s Charities	\$	
<b>Revenue</b>		
Government contracts	\$	
Earned income	\$	
Other (specify)	\$	
	\$	
<b>Total Income</b>	<b>\$</b>	

\*Note: Pending sources of support include those requests currently under consideration. Please indicate anticipated decision date.

### PROGRAM/PROJECT EXPENSES

<u>Item</u>	<u>Amount</u>	<u>% SCC Funds</u>
Salaries and wages (break down by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
<b>SUBTOTAL</b>	<b>\$</b>	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
<b>Total Expenses</b>		
<b>Difference (Income less Expenses)</b>		