

**2018 Grant Eligibility**

Please review the following eligibility requirements before submitting your application. If your organization does not meet the following eligibility requirements, your application cannot be approved.

* Organization must be established as a 501(c)(3) for a minimum of one year.
* Projects must serve the needs of children in educational, financial, medical or social needs.
* First year applicant’s maximum request cannot exceed $4,000.
* Organizations must serve children in the following counties: Mecklenburg, Cabarrus, Gaston, Iredell, Union, Stanly or Rowan in NC and York, Chester, Lancaster or Union in SC.
* Capital projects or office supplies are ineligible for funding.
* Grants for purchase of vehicles will be ineligible.
* Funding cannot be used for salaries, consulting fees or scholarship programs.

All applications must be received by mail or in-person by

**5 p.m. on Wednesday, August 1, 2018**

Speedway Children’s Charities

Attn. Lisa Starnes

### 5555 Concord Parkway S.

Concord, NC 28027

704-455-4426

**Applications received after the deadline will not be considered for funding**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Speedway Children’s Charities-Charlotte Chapter 2018 GRANT APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Application: | | | | | /    / | | | | | | | Tax ID: | | | | | | **-** | | | | | | | | | | Year founded locally: | | | | | | | |  | | | |
| Legal name of organization applying: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (should be same as on IRS determination letter) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Executive Director: | | |  | | | | | | | | | | | | | | | | | | | | | | Phone number: | | | | | | | | (   ) | | | | | | |
| Email: | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
| Program Coordinator/Contact Person: | | | | | | | | | |  | | | | | | | | | | | | | | | | Phone number: | | | | | | | | (   ) | | | | | |
| (if different from executive director) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (main local office): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | State: | | | | |  | | | Zip: | | |  | | | | | | | | | | | | | | | | |
| Website: |  | | | | | | | | | | | | | | | | | | | Email: | | |  | | | | | | | | | | | | | | | | |
| Past SCC Grant Recipient?  Yes  No | | | | | | | | | | | | | | | If yes, amount of past grant and year received, beginning with most recent: | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount | | Year | | | | | Amount | | | | | | | Year | | | | | | | Amount | | | | | | Year | | | | | Amount | | | | | Year | | |
| $ | |  | | | | | $ | | | | | | |  | | | | | | | $ | | | | | |  | | | | | $ | | | | |  | | |
| **Speedway Children’s Charities-Charlotte Chapter GRANT REQUEST SUMMARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Select the type of Grant that *best* describes your program (select only ONE):**    SocialMedicalFinancialEducational | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program Name:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of program (Limit to 2,000 characters):** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What short-term outcomes are expected?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What long-term community-wide outcomes will result from this program?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grant Amount Requested:** **$** | | | | | | | | | | | | | **Total Budget for this Program $** | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| **Percentage of Program’s Total Budget:** | | | | | | | | | | | | | | | | | | | **%** | | | | | | | | | | | | | | | | | | | |
| 1. **Purpose of Grant (Limited to 1,000 characters):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What problem does this program address?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Staffing of program:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program Start Date: | | | /    / | | | | | | Planned Completion Date: | | | | | | | | | | | | | /    / | | | | | | | | Is the program ongoing?  Yes  No | | | | | | | | | |
| # of children who will benefit from this program:  *(numeric only…do not include a range of numbers)* | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| # of children who benefit from overall organizational services**:**  *(numeric only…do not include a range of numbers)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Geographical areas served: *(check all that apply)* | | | | | | | | | | | | | | | | | | CabarrusGastonIredellMecklenburg Rowan, NCStanlyChesterLancaster Union, NCUnion, SCYork | | | | | | | | | | | | | | | | | | | | | |
| What is the demographic of the population of the children served in this program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| % Caucasian      % African American      % Hispanic      % Asian      % Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Other Funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | If funding from SCC does not cover entire budget of program, what sources do you have available to fund the balance? (Grants, city, state or federal support, fundraisers, etc.) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Matching/Other funds: | | | | | | | | **$** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. Current Program Budget** | |  | |  |  |
|  | | |  | | |
| **Organization’s Current Total Operating Budget:** | | | **$** | | |
|  | % of Operating Budget for Admin/Fundraising | | | | |
|  | % of Operating Budget for this program | | | | |
|  | % of Operating Budget serving children & youth | | | | |

### 

|  |  |  |  |
| --- | --- | --- | --- |
| **3a. Program Income – (***required information about the specific program provided through the requested funds***)** | | | |
| ***Source*** | ***Amount Committed*** | ***Amount Pending\**** | ***Anticipated Decision Date*** |
| 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 | $ | $ |  |
| ***Revenue*** |  |  |  |
| Government contracts | $ | $ |  |
| Earned income | $ | $ |  |
| Other (specify) | $ | $ |  |
|  |  |  |  |
| ***Total Income*** | **$** | **$** |  |

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

|  |  |  |
| --- | --- | --- |
| **3b. Program Expense – (***required information about the specific program provided through the requested funds***)** |  |  |
| ***Item*** | ***Amount*** | ***%Full Time/Part Time*** |
| Salaries and budget (break down by individual position and indicate full or part-time.) | $ | % |
|  | $ | % |
|  | $ | % |
|  | $ | % |
| ***Subtotal*** | $ |  |
| 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) | $ |  |
|  |  |  |
| ***Total Expense*** | **$** |  |
|  |  |  |
| ***Difference*** *(income less expense)* | **$** |  |

|  |
| --- |
|  |

**4. Certification**

We certify that the information contained in the application, including all attachments, is true and correct to the best of our knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature, Executive Director |  | Signature, Program Coordinator |
|  |  |  |
| Name (Printed) |  | Name (Printed) |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, State Zip |  | City, State Zip |
| (     ) |  | (     ) |
| Phone Number |  | Phone Number |
|  |  |  |
| Email |  | Email |

All applications must be received by mail or in-person by

**5 p.m. on Wednesday, August 1, 2018**

Speedway Children’s Charities

Attn. Lisa Starnes

### 5555 Concord Parkway S.

Concord, NC 28027

704-455-4426

**Applications received after the deadline will not be considered for funding**

**SCC Grant Application Submission Instructions**

A completed grant application **MUST** include **two** copies, as indicated below. Please use standard typeface, no smaller than 10-point font. Please supply all information, but attach **only** documentation requested. **Information not requested will not be considered (i.e. video and audio tapes, yearbooks, catalogues, etc.)**

1. The first copy of the application must include:
   * 1 copy of the completed SCC grant application
   * 1 copy of your IRS 501(c)(3) verification
   * 1 copy of your most recent IRS 990
   * 1 copy of your financials (prior fiscal year profit and loss statement, including operating budget and FY/17/18 budget)
   * 1 copy of your Board of Directors-including affiliations, Mission Statement and Organizational Chart

**This copy should be three-hole punched and placed in a ½-inch black binder with dividers, as indicated.** Documents are to be filed in the binder under the appropriate, labeled sections in the following order:

* Grant Application
* IRS 501(c)(3) verification
* IRS 990
* Finances
* Board of Directors/Mission Statement/Organizational Chart

1. The **second copy** should be placed in a manila envelope inside the front cover of the binder, and shall include:
   * 1 copy of the completed SCC grant application
   * 1 copy of your IRS 501(c)(3) verification
   * 1 copy of your most recent IRS 990
   * 1 copy of your financials (prior fiscal year profit and loss statement, including operating budget and FY/17/18 budget)
   * 1 copy of your Board of Directors-including affiliations, Mission Statement and Organizational Chart

**The applicant should retain a copy of the application for his/her files.**

All applications must be ***received*** by Speedway Children’s Charities on or before

**Wednesday, August 1, 2018 at 5pm**

Attn: Lisa Starnes

5555 Concord Parkway South

Concord, NC 28027

**Applications received after the deadline will not be considered for funding**