

**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**

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| **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):**  **[ ]** Social**[ ]** Medical**[ ]** Financial**[ ]** Educational |
| **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)* | **[ ]** Cabarrus **[ ]** Gaston **[ ]** Iredell **[ ]** Mecklenburg **[ ]** Rowan, NC **[ ]** Stanly **[ ]** Chester **[ ]** Lancaster **[ ]** Union, NC **[ ]** Union, SC **[ ]** York |
| What is the demographic of the population of the children served in this program? |       |
|        % Caucasian      % African American      % Hispanic      % Asian      % Other |
|  |  |  |  |  |  |  |  |
|  |
| **2. Other Funding**  |
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| 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.) |
|       |

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|  Matching/Other funds: | **$**      |

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| --- | --- | --- | --- |
| **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 |

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| **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.

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| **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*** | **$** |  |
|  |  |  |
| ***Difference*** *(income less expense)* | **$** |  |

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**4. Certification**

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

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|  |  |  |
| 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**

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Attn. Lisa Starnes

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Concord, NC 28027

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**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

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