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Dear Applicant:

Speedway Children’s Charities provides funds to organizations that meet the needs of children. We can best affect children’s lives by supporting organizations that work tirelessly to see that children’s needs are met and that no child is left behind regardless of illness, social environment or disability. We are always excited to learn about people like you who share our commitment.

Attached is a copy of the 2018 Speedway Children’s Charities New Hampshire Chapter Grant Application. If your organization does not meet the eligibility requirements listed on the addendum, your application cannot be approved. Please pay close attention to the addendum of the application and follow the instructions set forth. The application must be postmarked by the deadline of August 31, 2018. Applications will not be accepted via fax, or email. No exceptions will be made. Determinations will be made by the New Hampshire Board of Directors in November, and you will be notified in writing by the end of that month. Grants are distributed at our annual Grant Distribution Ceremony in December.

Organizations accepting funds from Speedway Children’s Charities are required to complete an evaluation form detailing the project outcome and project expenses. We also ask that groups acknowledge our commitment by including our name or logo on any printed material, website, or signage pertaining to our sponsored program.

If you have any questions regarding the content of the proposal please contact Hillarie Scott at (603) 513-5738 or email hscott@nhms.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,



Hillarie Scott

Executive Director

Speedway Children’s Charities

New Hampshire Motor Speedway

1122 Route 106 North

PO Box 7888

Loudon, NH 03307-7888

www.speedwawycharities.org

**New Hampshire Chapter**

**Speedway Children’s Charities**

**Grant Application Guidelines**

Due to the large volume of requests, Speedway Children’s Charities is unable to grant every proposal. Applicants should understand that rejection of a proposal in no way suggests rejection of the organization. All grant applications must be completed and postmarked to Speedway Children’s Charities ***no later than August 31st*** of each year. Grant applications must be completed in their entirety to be accepted. If your organization does not meet the following eligibility requirements, your application cannot be approved:

* Your organization must be tax-exempt under section 501(c) (3) of the Internal Revenue Service Tax Code.
* Your organization must serve children within the New England states of (New Hampshire, Massachusetts, Vermont, Maine and Rhode Island)
* Ineligible categories for funding:
  + Organizations that deny service to a potential client or beneficiary on the basis of race, religion, sex, sexual orientation, age, national origin or disability
  + Individuals
  + Sponsorship for conferences, events, golf tournaments
  + Development or production of books, films, videos or television programs
  + Capital funding campaigns
  + Vehicle Purchases
  + Construction or remodeling of buildings
  + Start-up organizations with less than 1 year of operation
  + Individual schools in public school systems (other than through efforts to benefit system-wide programs and initiatives)
  + Religious organizations, unless they are engaged in a significant project that is nonsectarian and benefits a broad base in the community

**A complete grant application to Speedway Children’s Charities MUST include 2 copies of EVERY document to be considered for review. The two applications should be placed in tabbed manila folders with the organization’s name placed on the tab. Binders or other folders will not be accepted. Please use standard typeface no smaller than 10 points. You may reproduce this application but you must answer the questions in the order and form in which they are requested. Please supply all information, but attach only the documentation requested. Information not requested will not be considered (i.e. video and audio tapes, yearbooks, catalogues etc.).**

The following must be included with the submitted grant application:

* 2 copies of the completed grant application (in two separate manila folders labeled with org name)
* 2 copies of your IRS 501(c)(3) verification
* 2 copies of your financials including operating budget, IRS 990
* 2 copies of your Board of Directors
* 2 copies or Organization Brochure (if applicable)

**The applicant should retain a copy of the application for his/her files. Charities who are awarded grants should not consider these funds as part of their annual budget nor should these funds supplant existing funds used by the agency.**

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**Speedway Children’s Charities**

New Hampshire Chapter

2018 Grant Application

**Mission Statement & Vision**

The mission of Speedway Children’s Charities remains true to the ideals it was founded upon in 1982: ***To care for children in educational, financial, social and medical need in order to help them lead productive lives.***

The New Hampshire Chapter of SCC provides funding for hundreds of non-profit organizations throughout New England that meet the direct needs of children. Our vision is that every child has the same opportunities no matter what obstacle they are facing.

Please type the application in standard size type.

1. **Applicant Organization**

The applicant must be an existing non-profit organization with federal tax-exempt status. Organizations must serve children in one of the following New England States: New Hampshire, Vermont, Massachusetts, Maine, Connecticut and Rhode Island.

Name of Organization: Click here to enter text.

Tax ID Number: Click here to enter text.

Contact Person’s Name: Click here to enter text.

Contact Person’s Title: Click here to enter text.

Mailing Address: Click here to enter text.

Telephone: Click here to enter text.

Fax: Click here to enter text.

Email: Click here to enter text.

Grant Amount Requested: Click here to enter text.

Total Program Cost (Project/Program requesting grant for): Click here to enter text.

Current Operating Budget (Total Agency): Click here to enter text.

% of Operating Budget for Admin/Fundraising (Total Agency): Click here to enter text.

% of Operating Budget for the requested program/project: Click here to enter text.

% of Operating Budget serving children & youth (Total Agency): Click here to enter text.

1. **Project Narrative** (*must directly affect the needs of children and be a specific project within your program.)* 
   1. Provide a brief description of the proposed project/program in the space provided. Include the goals of the project/program. **(250 word limit)**

Click here to enter text.

b. The number of children served by the project/program described in the project narrative.

Click here to enter text.

1. Classification of project/program (Educational, Financial, Social or Medical)

Click here to enter text.

1. Geographic Area Served (please list specific county or community) Click here to enter text.
2. **Qualifications of Project/Program Proposal**

Provide a brief summary of the qualifications of the individuals who will be responsible for implementing the project.

Click here to enter text.

1. **Project Duration:**

Please explain your plans for sustaining this program long-term (grants, state or federal support, fundraisers, etc…)

Click here to enter text.

1. **Fiscal Information of Applicant Organization**
   1. Attach complete income and expense statements for last year, current year and projected budget for the forthcoming year as well as a copy of Form 990. (Please indicate with an **X**, each year of statements enclosed with this grant application.)

Last Year

Present Year

Next Year’s Projected Budget (if available)

IRS Form 990

* 1. Fiscal Information for Project (see table below)

Provide details as to how the funds requested will be used. Please use the following table to summarize and support your request. *This form must be used*. In the event that we are unable to meet your full request, please indicate priority items in the proposed program budget.

**PROGRAM INCOME** (Required Information about the program that you are requesting funding for)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Program Support/Revenue** |  | **Amount Committed** | **Amount Pending\*** |
| Government grants |  | $Click here to enter text. | $Click here to enter text. |
| Foundations |  | $Click here to enter text. | $Click here to enter text. |
| Corporations |  | $Click here to enter text. | $Click here to enter text. |
| United Way or federated campaigns |  | $Click here to enter text. | $Click here to enter text. |
| Individual contributions |  | $Click here to enter text. | $Click here to enter text. |
| Fundraising events and products |  | $Click here to enter text. | $Click here to enter text. |
| Membership income |  | $Click here to enter text. | $Click here to enter text. |
| In-kind support |  | $Click here to enter text. | $Click here to enter text. |
| Investment income |  | $Click here to enter text. | $Click here to enter text. |
| Speedway Children’s Charities |  | $Click here to enter text. | $Click here to enter text. |
| **Revenue** |  |  |  |
| Government contracts |  | $Click here to enter text. | $Click here to enter text. |
| Earned income |  | $Click here to enter text. | $Click here to enter text. |
| Other (specify) |  | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. |  | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. |  | $Click here to enter text. | $Click here to enter text. |
| **TOTAL PROGRAM REVENUE** |  | $Click here to enter text. | $Click here to enter text. |

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

**PROGRAM EXPENSES** (Required Information about the program you are requesting funding for)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** |  | **Amount** | **% SCC Funds** |
| Salaries and wages (break down by individual position and indicate full- or part-time.) |  | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. |  | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. |  | $Click here to enter text. | $Click here to enter text. |
| Click here to enter text. |  | $Click here to enter text. | $Click here to enter text. |
| SUBTOTAL |  | $Click here to enter text. | $Click here to enter text. |
| Insurance, benefits and other related taxes |  | $Click here to enter text. | $Click here to enter text. |
| Consultants and professional fees |  | $Click here to enter text. | $Click here to enter text. |
| Travel |  | $Click here to enter text. | $Click here to enter text. |
| Equipment |  | $Click here to enter text. | $Click here to enter text. |
| Supplies |  | $Click here to enter text. | $Click here to enter text. |
| Printing and copying |  | $Click here to enter text. | $Click here to enter text. |
| Telephone and fax |  | $Click here to enter text. | $Click here to enter text. |
| Postage and delivery |  | $Click here to enter text. | $Click here to enter text. |
| Rent and utilities |  | $Click here to enter text. | $Click here to enter text. |
| In-kind expenses |  | $Click here to enter text. | $Click here to enter text. |
| Depreciation |  | $Click here to enter text. | $Click here to enter text. |
| Other (specify) |  | $Click here to enter text. | $Click here to enter text. |
| **TOTAL PROGRAM EXPENSE** |  | $Click here to enter text. | $Click here to enter text. |
| **Difference (Income less Expense)** |  | $Click here to enter text. | $Click here to enter text. |

* 1. Partial Funding Potential

If we are unable to meet your full request would partial funding be acceptable? Please explain how you would utilize partial funding of this request? **(250 word limit)**

Click here to enter text.

1. **Description of Applicant Organization**

Please provide a cover letter from the *President of the Board* that briefly includes the following information about your organization: date formed, scope of services, projects, priorities, and plans. Please include the total number of children served by your organization each year in this cover letter.

1. **Prior Support**

a. Has your organization received Speedway Children’s Charities funding in the past?

Yes

No

If yes, the most recent year your organization received funding from Speedway Children’s Charities? Click here to enter text.

Amount of last Grant? Click here to enter text.

Please provide a brief narrative of how the funding from previous SCC grant(s) affected your project.

Click here to enter text.

1. If applicable, provide a history of your involvement with Speedway Children’s Charities grant process by supplying the information asked for in the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year of Last Request** |  | **Amount Requested** |  | **Amount Granted** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |

1. Has your organization provided volunteers for the NH Chapter of SCC this year and for what event(s)? Click here to enter text.

XI. **Certification**

*(The signature(s) of the Board Pres./Authorizing Official, Project Coordinator, and Treasurer are required. Any proposal received without these signatures will not be reviewed.)*

By signing below you acknowledge and understand that all information contained in this application, including all attachments, is true and correct to the best of our knowledge. Also, this funding will be used to the express intent outlined in this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature  Board Pres./Authorizing Official |  | Signature  Project Coordinator |  | Signature  Treasurer |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |

Updated 3-16-18