

# APPLICATION FOR SNEC-SWCS GRANT PROGRAM

*Please use this form when completing your application. Use additional sheets as needed to answer questions and indicate which Part and Question are being answered. Submit applications by June 1. Selection will be made by June 30. Applicant notified by July 31. Funds granted by September 1. Applicants not approved for funding will be notified by the end of July.*

*Mail the completed application to: SNEC-SWCS, P.O. Box 7641, Cumberland, RI 02864.*

**DATE** \_\_\_\_\_

**NAME OF ORGANIZATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_

## **PART I - INFORMATION ABOUT APPLICANT**

1. Purpose of Organization.
2. Geographic area served by organization (i.e. Town, County, State)
3. Sources of present funding for the organization.
4. Are you a non-profit organization? \_\_\_\_ Yes \_\_\_\_ No

Federal Identification Number \_\_\_\_\_

Internal Revenue Service exemptions under Section \_\_\_\_\_

(include copy of IRS letter of determination)

## **PART II - USE OF PROPOSED FUNDING**

1. Purpose and use of proposed funds.
2. What portion of the total cost of the project is represented by this request?
3. Is this a one time request? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain.

4. Details of any previous grants from SNEC-SWCS.
5. Have you applied for other sources of funding? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Percentage of income allocated to administrative overhead and fund raising.
7. Percentage of income applied directly to programs for which funds are solicited.

## **PART III - GRANT REQUEST**

1. Amount of grant requested \$ \_\_\_\_\_
2. When are funds needed? \_\_\_\_\_ (date)
3. Include project budget in detail (including any other sources of funding).

## **PART IV - ATTACHMENTS**

1. Most recent audited financial statement.
  2. Latest Annual Report, or if not available, a statement describing the organization's purpose and achievements.
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**FOR CHAPTER USE ONLY**

Budget Committee recommendations: \_\_\_\_\_ (date)

Board Action: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ (date)

Comments (if any):

*The Southern New England Chapter - Soil and Water Conservation Society (SWCS) is exempt from federal Income Tax under Section 501(c)(3). Federal Identification Number is 04-2743085.*

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President date

Treasurer date

*P.O. Box 7641, Cumberland, RI 02864*