

# Civitan Charities of Greenville Trust Application Form

POLICY: The Trustees have established the following program priorities:

Criteria for the Selection of Distributions Recipients:

1. Recipients of grants must be 501(c)(3) organizations
2. Must serve citizens of Greenville County, South Carolina
3. Grant funds cannot be used for core operating expenses
4. Grant funds cannot be used for paying existing, future, or previous debts
5. Grant funds cannot be paid to individuals
6. Follow up reporting and accounting from the organization of ultimate use of funds will be required within 6 months of end of project or organizations fiscal year-end will be required. The trustee shall have the right to recall granted funds if the funds were not used as outlined in the grant request or if the organization fails to meet federal or state requirements for 501(c)(3) organizations or if the organization has not met the criteria as stated in the above Criteria for the Selection and Distribution to Recipient.

The Trust gives priority to projects and programs that have a clearly defined evaluation component. It does not consider requests on behalf of individuals, does not normally consider grants to conduit organizations, and does not make grants outside the United States.

All proposals must be accompanied by a completed application form and addressed to:  
**Civitan Charities of Greenville**

**P. O. Box 16493**

**Greenville, SC 29606**

All applications must be postmark by January 31 to be considered.



# Civitan Charities of Greenville Trust Application Form

(The Trust accepts the Common Trust Application Format)

Date of Application: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
(Should be the same as on IRS determination letter)

Current Annual Operating Budget: \_\_\_\_\_

Address: \_\_\_\_\_

Administrative Officer/Title: \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant (one sentence): \_\_\_\_\_

Beginning and Ending Dates of Project/Campaign: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Signature of the Board of Directors Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_

Typed Name and Title: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_

Date \_\_\_\_\_

Typed Name and Title: \_\_\_\_\_

## Required Attachments:

- Copy of current IRS determination letter indicating 501(c)(3) tax-exempt status.
- Executive Summary providing an overview of the organization, and describing the proposed program or project, how it will benefit the community, and the organization's capacity and plan to operate the project.
- Description of the plan to document progress and results.
- Project budget.
- Organization's history, including goals, current programs and activities, and accomplishments.
- List of Board of Directors and officers, with affiliations, addresses and telephone numbers. Audited financial statements for the last two years with corresponding operating budgets.
- Other sources of funding and financial plan to sustain the project.