



RE/MAX Community Chest Grant Application 501(c)(8) & 501(c)(19)



Who Can Apply?

501(c)(8) & 501(c)(19) Nonprofit Organizations – Nonprofit organizations with a project in need of funding that directly benefits the community are eligible to apply. (Organization must be listed as active on the IRS exempt organization verification site, <https://apps.irs.gov/app/eos>.)

Grant Parameters

Grants are available for charitable projects. Projects must meet the following criteria to be considered:

- They must directly benefit the Stanwood-Camano community (defined by the boundaries of the Stanwood-Camano School District).
- They must be realistic and attainable.
- They must have experienced project staff and/or volunteers in place who can successfully implement the project.

All applications will be reviewed by a selection committee, which will, at its sole discretion, select projects to fund.

All grant awards will be subject to SCAF's Participation Requirements for Non-501(c)(3) Nonprofit Organizations. See separate document outlining Participation Requirements.

Application Deadline & Submission Instructions

Completed applications should be submitted to SCAF no later April 12, 2019. They can be e-mailed, mailed, or dropped off.

By e-mail: bev@s-caf.org

By mail: Stanwood-Camano Area Foundation
P.O. Box 1209
Stanwood, WA 98292

In person: Stanwood-Camano Area Foundation
c/o Cole & Gilday
10101 270th St. NW
Stanwood, WA 98292

If you have questions, call or email Bev Pronishan, 360-474-7086 or bev@s-caf.org.



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Organization Information

Organization Name: _____ Date: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Telephone: _____ Email: _____

Website: _____

Type of Organization: ____ 501(c)(8) ____ 501(c)(19)

Organizations must submit a copy of their IRS status approval letter if not previously submitted.

Year Incorporated: _____ EIN _____

Annual Operating Budget: _____

Project Information

Requesting funds for: One-time project Ongoing/recurring project

Project Name: _____

Total Project Cost: _____ Grant Amount Requested: _____

Narrative (do not exceed allotted space)

Organization's Mission Statement

One paragraph description of project



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Specific needs being met by this project

Primary demographic served by this project

Total geographic area served by this project

Key staff and volunteers responsible for implementing project

Project Budget

Signature

Signature: _____ Date: _____

Title: _____