

Charitable Grant Application

We are grateful for your interest in TowerCares Foundation. TowerCares' mission is to support children in need as well as brave and heroic individuals and their families who have sacrificed while protecting our freedom.

See below for information about how TowerCares awards grants including our application process and the types of organizations we support.

Who We Serve and Our Geographic Focus

TowerCares focuses our grantmaking on nonprofit organizations providing services in the Baltimore/Washington corridor — the communities in which most of our members live and work.

Types of Organizations We Will Consider Supporting

TowerCares only considers grant requests submitted by nonprofit organizations that have 501(c)(3) status who provide services in alignment with our mission.

Types of Grant Requests We Will Consider Funding

TowerCares strongly favors grant requests for support of specific projects and programs. Requests for annual giving/operational support and capital campaigns may be considered but are given lower priority.

Grant Sizes

Because our resources are limited and we wish to support a variety of worthy causes, our grants tend to be under \$10,000 and average around \$5,000.

Our Application Process

Our board of directors meets quarterly to consider grant applications. In order for a grant request to be reviewed on a timely basis, please submit your grant application four weeks prior to the scheduled quarterly board of directors meetings at which you would like your request considered. Board meetings are held in late November, February, May and August. Therefore, grant requests should be submitted no later than the last business day of October, January, April or July for consideration at the next meeting. Grant applicants will be notified within a few weeks following board meetings regarding the outcome of their grant requests.

Publicity

TowerCares will publicize its work, including grant awards and the results of grantees' efforts to our membership and the public at large as a means to create awareness which will help us garner yet more support. Grant recipients agree to participate in reasonable public relations activities.

Charitable Grant Application

Please complete all sections of this application. Submit via e-mail to info@towercaresfoundation.org. If you have questions, please contact us via e-mail or at 301-497-7041.

GENERAL INFORMATION

ORGANIZATION NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ TITLE _____

PHONE _____ FAX _____ E-MAIL _____

WEBSITE _____

ORGANIZATION INFORMATION

Mission statement:

Description of organization and services offered:

Organization's geographic area of focus:

Total current operating budget \$ _____

Primary source(s) of organization's funds:

TOTAL NUMBER OF PAID STAFF _____ TOTAL NUMBER OF VOLUNTEERS _____

TOTAL NUMBER OF PEOPLE SERVED _____ YEAR ORGANIZATION FOUNDED _____

YEAR ORGANIZATION RECEIVED 501(c)(3) STATUS: _____ FEDERAL TAX ID # _____

OVERHEAD/PROGRAM EXPENSE RATIO: _____

PROJECT/PROGRAM INFORMATION

PROJECT/PROGRAM NAME _____ AMOUNT OF FUNDING REQUESTED \$ _____

CAN PARTIAL FUNDING BE ACCEPTED? YES NO WHAT MINIMUM? \$ _____ DATE FUNDING IS NEEDED _____

IF YOURS IS A NATIONAL ORGANIZATION, CAN REQUESTED FUNDS BE DESIGNATED FOR SUPPORT IN TOWERCARES' GEOGRAPHIC AREA OF FOCUS? YES NO

Overview/Summary of the project/program, including the population it will serve:

How will funds be used?

What is the budget for the project/program? \$ _____

(Note: you may submit a project/program budget as a separate document if you desire.)

What will the impact of your project/program be?

What is the timetable for your project/program?

What are the goals of the project/program and how will the outcome/success of the program be measured?

How will TowerCares Foundation's support of your project/program be recognized by your organization?

Would TowerCares be the sole sponsor of this project/program? YES NO

If not, what are the other sources of funding?

FINANCIAL/OTHER ORGANIZATION INFORMATION

Provide your organization's IRS 990s and financial statements for the past 2 years: (send separately if desired)

List organization management and trustees: (send separately if desired)

Other supporting attachments, if needed/desired: (send separately if desired)

How did you hear about TowerCares?:

If more space is needed for responses or if you would like to include additional information, please provide it in a separate Word document.

SIGNATURE OF AUTHORIZED ORGANIZATION REPRESENTATIVE

DATE

PRINT NAME OF AUTHORIZED ORGANIZATION REPRESENTATIVE