7901 Sandy Spring Rd.
Potomac Suite, 4th Floor
Laurel, MD 20707-3589
301-497-7041 | 800-787-8328
towercaresfoundation.org
info@towercaresfoundation.org

Charitable Grant Application

We are grateful for your interest in furthering the mission of TowerCares Foundation 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 grant making 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 and 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, capacity building and/or capital campaigns may be considered but are given lower priority.

Our Application Process

Our grant review committee and board of directors meet quarterly to consider grant applications. In order for a grant request to be reviewed on a timely basis, please submit your grant application as outlined below. Board meetings are held in late February, May, August and November.

New organizations are required to meet with a Foundation Ambassador prior to submitting a grant application. This allows us to properly vet your organization and determine if your mission is in alignment with TowerCares' mission. Please do not blindly submit grant applications as your request may be delayed for consideration until our next grant cycle. To set up a meeting, please send an e-mail to info@towercaresfoundation.org.

Board Meeting	Submit by Date	
	New Organizations	**Current Partners**
Late February	December 31	January 15
Late May	March 31	April 15
Late August	June 30	July 15
Late November	September 30	October 15

Grant applicants will be notified within a few weeks following board meetings regarding the outcome of their grant requests. All decisions are final.

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Grant Application Submission Requirements

- Completely fill out all sections of the grant application – if more space is need for individual answers, a Word document or PDF can be attached as a separate document

- Provide full IRS 990 or IRS 990 EZ filings for the past two years (IRS 990 N filings do not meet submission requirements)

- Provide audited financial packets for the past two years (unaudited financials or budgets do not meet submission requirements)

- Provide each required document as a separate PDF or Word document. Do not combine all required documents into one PDF or Word document.

- Overhead/Program Expense ratios will be confirmed by using information provided in your IRS 990 filings (formula: program service expenses/total expenses)

- Please do not submit a grant application prior to meeting with a TowerCares Foundation Ambassador

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 and help us garner yet more support. Grant recipients agree to participate in reasonable public relations activities and give permission for TowerCares to use any promotional photos provided by your organization.

8501 3/23

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 _____

FEDERAL TAX ID# _____

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 overall funding:

TOTAL NUMBER OF PAID STAFF _____ TOTAL NUMBER OF VOLUNTEERS _____
(indicate FT&PT)

TOTAL NUMBER OF PEOPLE SERVED PER YEAR _____ YEAR ORGANIZATION FOUNDED _____

YEAR ORGANIZATION RECEIVED 501(c)(3) STATUS: _____

OVERHEAD/PROGRAM EXPENSE RATIO (percent of overall expenses that support programs):_____

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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 many people will be served by the program?

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 specifically for this program?

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FINANCIAL/OTHER ORGANIZATION INFORMATION

Provide your organization's IRS 990s and audited financial statements for the past 2 years: (provide each as a separate PDF attachment)

List organization management and trustees: (provide as a PDF attachment)

How did your 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 PDF document.

_____
SIGNATURE OF AUTHORIZED ORGANIZATION REPRESENTATIVE   **DATE**

_____
PRINT NAME OF AUTHORIZED ORGANIZATION REPRESENTATIVE

8501 03/23