



**CHARLEYS KIDS  
FOUNDATION®**

## **GRANT APPLICATION**

Thank you for taking interest in partnering in the Charleys Kids Foundation. Please complete this form and send it with other required attachments. You will be notified once a decision has been made.

Please note, the Charleys Kids Foundation will consider support for organizations who meet the following criteria:

1. Eligible applicants are 501(c)(3) non-profit organizations.
2. The organization provides educational resources, food, and/or mentorship to children in need.
3. The program addresses the needs of its community and has been running for a minimum of three years.

Charleys Kids Foundation primarily gives grants designed to support the development and enhancement of the children's program by providing tangible resources such as school supplies, books, and food. In rare cases, Charleys Kids Foundation has funded general operating costs. Applicants must present a realistic case on the priority importance of funding general operating costs, and how the funds will enhance the program and provide benefit to the children in your care.

In addition, Charleys Kids Foundation only gives one-year donations with the option of reapplication. We do not fund the entire program cost (each year, we award grants ranging from \$500-\$10,000). Finally, when possible, we prefer giving monthly (instead of one-time donations)—to stay connected and learn about the difference we are making in the lives of children together!



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## **I. ORGANIZATION INFORMATION**

### **1. General Information**

Organization Name: \_\_\_\_\_

Program: \_\_\_\_\_ Location (city/country): \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Website or other Media: \_\_\_\_\_

501(C)3 Organization:  Yes /  No EIN #: \_\_\_\_\_

Organization Tax-exempt status (*ex: public charity*) \_\_\_\_\_

### **2. Fiscal Agent Information (If applicable)**

Organization Name: \_\_\_\_\_

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

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_



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## **II. PROGRAM INFORMATION**

### **1. About the Organization:**

- a. **Vision:**
- b. **Mission**
- c. **Year Established:**
- d. **History:**

### **2. About the Program:**

- a. **Purpose:**
- b. **Strengths:**
- c. **Challenges:**



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This program supports (check all that apply):

Charity

Food

Mentorship

Region Served:		Region need:	
Target Population:		Target Population Demographic:	
Number of people reached:		Total Program Budget:	
Annual Budget for this year (2017):		Total Amount Requested from CKids (for 2017):	
Anticipated Program Period:		Requested Support Period:	
Program Staff:	Full-time paid:	Board Members:	
	Part-time paid:	Volunteers:	
Type of Request:	<input type="checkbox"/> One-time Support <input type="checkbox"/> Monthly Support		

### III. GRANT INFORMATION

- Grant Purpose:**
- Summary of Action to Fulfill Grant Purpose:**
- New projects or activities projected for the coming year (please include any information that we need to know to better support your program):**
- Long-Term goal of program:**



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**5. Metrics of Success**

As each of our partners work with unique children in a variety of regions with different needs, we assess each program based on their own metrics of success at the end of the grant term.

Projected Use of Charleys Kids Foundation donations:

Purpose of contribution	Percentage (%) of Charleys Kids Donations Put Towards:					
	N/A	1-20%	21-40%	41-60%	61-80%	81-100%
Personal Rent/Utilities						
Building Rent/Utilities						
Group transportation <input type="checkbox"/> Air <input type="checkbox"/> Car <input type="checkbox"/> Public						
Car payment/maintenance						
Materials Type:						
Food for program						
Salaries (Director, administration, etc.)						
Additional Comments:						



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#### **IV. OTHER FUNDING SOURCES**

1. **Summary of Previous Grants/Other Assistance made by Charleys Kids Foundation if applicable:**
  
2. **Summary of Current Grants awarded by other organizations to proposed grantee (grant amount, date awarded, general purpose):**

#### **IV. ATTACHMENT**

- 1) Please provide:
  - a. Latest financial statements, preferably audited, showing actual expenses, including:
    - i. Copy of Balance Sheet
    - ii. Copy of most recent Year-End Report (990, 990-PF, or 990-N)
    - iii. Statement of activities (income and expenses) and/or of functional expenses
  - b. Copy of your OR your fiscal agent's current IRS determination letter, indicating tax-exempt 501(C)3 status (in the case of foreign organizations: a copy of proof of its tax-exempt and/or charitable status under the laws of the country of its origin, a completed and signed W-8XEP form, and a copy of a signed affidavit).
- 2) Please list your affiliation, if applicable.
- 3) Please identify proposed method and details of payment of financial support if awarded (check, bank wire transfer, etc.).

**All the information provided is true and accurate to the best of my knowledge.**

**Signature:** \_\_\_\_\_  
(must be signed by hand)

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

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

*Thank you for completing this form. We will be in contact with you shortly.*