

The Savannah Community Foundation, Inc.

IMMEDIATE NEEDS FUND

GRANT CRITERIA

GRANTS FROM THIS FUND MAY BE MADE ONLY FOR “IMMEDIATE NEEDS.” “IMMEDIATE NEEDS” INCLUDES EMERGENCY NEEDS, AS WELL AS OTHER UNANTICIPATED EXPENSES. “IMMEDIATE NEEDS” DOES NOT INCLUDE CAPITAL EXPENDITURES, CAPITAL CAMPAIGNS, ROUTINE RECURRING EXPENSES, OR NORMAL PROGRAM EXPENSES. NORMALLY GRANTS WILL NOT EXCEED \$5,000 PER GRANT (TYPICAL AMOUNTS ARE LESS THAN \$1,500.00), AND NO ORGANIZATION WILL BE GRANTED MORE THAN \$5,000.00 TOTAL WITHIN ANY TWELVE (12) MONTH PERIOD.

Grant requests should be submitted via e-mail (**preferably**) or fax (912) 921-7700 to:

The Savannah Community Foundation, Inc.
2225 Norwood Avenue, Suite B
Savannah, GA 31406
or
grants@savfoundation.org.

1. Exact legal name of the requesting organization:

2. Name of the organization’s contact person for this grant request:

3. Requesting organization’s mailing address:

4. Organization’s contact information:

Phone:

E-mail:

5. Organization’s Tax Identification Number:

6. Is the requesting organization classified by the Internal Revenue Service as a Section 170(b)(1)(a) organization or Section 501(c)(3) “public charity” that is not a Section 509(a)(3) “supporting organization” or “private foundation”? Yes No

7. Organization's mission:

8. Organization's fiscal year beginning and end:

9. Organization's total budgeted revenues and expenses for the current fiscal year:

10. Organization's top three (3) sources of revenue and amount from each source:

1.	<input type="text"/>	Amount:	<input type="text"/>
2.	<input type="text"/>	Amount:	<input type="text"/>
3.	<input type="text"/>	Amount:	<input type="text"/>

11. Please list the dates, amounts and brief description of any other grants received by your organization from **ANY FUND** of The Foundation within the thirty-six (36) months preceding the date of this application. **Use additional pages if necessary.**

Date:	Fund:	<input type="text"/>	Amount:	<input type="text"/>
Description: <input type="text"/>				
Date:	Fund:	<input type="text"/>	Amount:	<input type="text"/>
Description: <input type="text"/>				
Date:	Fund:	<input type="text"/>	Amount:	<input type="text"/>
Description: <input type="text"/>				

12. Please attached a list of your current officers and directors.

13. Is the grant requested for

(a) a budgeted item?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) a capital expenditure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) a capital campaign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) an ongoing project expense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Are additional materials attached/enclosed?

Yes No

15. **Exact dollar amount requested** . If the full amount is not awarded, are other funds available to cover the shortfall? Yes No

16. Is this grant request time sensitive? (i.e., requires a response in less than 30 days)

Yes No

17. Brief statement of grant request:

18. Narrative statement of grant request (attach additional pages if necessary):

19. Why is this request an “immediate need” as defined above?

20. Name of person completing this form:

21. Date of submission [Click here to enter a date.](#)