

THE SAVANNAH
COMMUNITY
FOUNDATION, INC.

Telephone & Facsimile
(912) 921-7700

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Savannah, Georgia 31406
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IMMEDIATE NEEDS FUND

GRANT CRITERIA

GRANTS FROM THIS FUND MAY BE MADE ONLY FOR "IMMEDIATE NEEDS."

"IMMEDIATE NEEDS" INCLUDE EMERGENCY NEEDS, AS WELL AS OTHER UNANTICIPATED EXPENSES. **"IMMEDIATE NEEDS" DO NOT INCLUDE START-UP EXPENSES, GENERAL OVERHEAD, CAPITAL EXPENDITURES, CAPITAL CAMPAIGNS, ROUTINE RECURRING EXPENSES OR NORMAL PROGRAM EXPENSES.** 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.

ALL ORGANIZATIONS' PRIMARY LOCATION MUST SERVE BRYAN, CHATHAM AND/OR EFFINGHAM COUNTIES IN GEORGIA. OTHER LOCATIONS ARE NOT ELIGIBLE.

This application will be reviewed as soon as possible. However, a decision about this request might be delayed if supporting information (e.g.: a prepared quote, bid or estimate) is not submitted along with the grant application.

Grant requests should be submitted via email (**preferably**) or fax (912) 921-7700 using the information in our letterhead above. Please submit all information as **ONE PDF document.**

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 phone number and email address: _____

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:

11. Please list the dates, amounts and brief description of all 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.

A. Date _____ Fund _____ Amount _____

Description _____

B. Date _____ Fund _____ Amount _____

Description _____

C. Date _____ Fund _____ Amount _____

Description _____

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

13. Is the grant requested (a) for a budgeted item? _____ Yes _____ No

(b) for a capital expenditure? _____ Yes _____ No

(c) for a capital campaign? _____ Yes _____ No

(d) for an ongoing project expense? _____ Yes _____ No

14. Are additional materials attached/enclosed? (Itemized Quotes, bids or estimates are recommended.)

_____ Yes _____ No

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

