



### **Funding Guidelines**

The Foothills Club of Tucson is a 501(c)(3) non-profit organization dedicated to ensuring funds are raised to assist the many children and their families in need, in Southern Arizona. The Foothills Club of Tucson awards numerous grants and scholarships in support of youth programs and services that help children in need, along with a variety of other local community needs, specifically identified by the FCT.

#### **Eligibility**

With the mission of helping as many children as we can within our community, we encourage all organizations supporting children in need to apply. Groups and organizations who serve Tucson's youth, up to the age of 18 years old, qualify for submission. Services that support an individual child are acceptable; however, funding cannot go directly to the individual. A current non-profit status will be required.

#### **Application Guidelines**

Funding request applications are available online at [www.foothillscluboftucson.com](http://www.foothillscluboftucson.com). All requests must be sent to P.O. Box 12672 Tucson, AZ 85732 or emailed to both [info@foothillscluboftucson.org](mailto:info@foothillscluboftucson.org) and the Giving Chairperson, Noy Kelly at [NoyKelly@ymail.com](mailto:NoyKelly@ymail.com). Please complete the Funding Request application in full, **do not leave any blanks**. Additional information about your organization that may be helpful in fulfilling your request can be included. However, it is required to include:

- OUR APPLICATION – **DO NOT LEAVE BLANKS**
- A CURRENT W9 FORM – SIGNED AND DATED FOR THE CURRENT YEAR
- A BREAKDOWN OF HOW EACH DOLLAR REQUESTED WILL BE USED IN THE PROGRAM. FOR EXAMPLE: SUPPLIES, REGISTRATION, BEDDING, TRANSPORTATION, ETC.
- MOST RECENT FINANCIAL STATEMENT
- HOW WILL THE FCT BE RECOGNIZED FOR THEIR GRANT?

Funding requests range from \$500 - \$3,000 per request. There will be a case-by-case review for requests of higher amounts.

All applicants will receive confirmation that their application has been received. The applicant will also receive a response with regard to acceptance or denial on their application. Applicants will be asked to give a brief presentation at an FCT monthly luncheon either prior to or post approval. Applicants will be notified if this will be required of them.

#### **Deadlines**

Grants are awarded on a quarterly basis for a total of 4 funding cycles. Applications will be reviewed by September 1<sup>st</sup>, December 1<sup>st</sup>, March 1<sup>st</sup>, and June 1<sup>st</sup> based on our fiscal year. You may submit your request at any time prior to these dates, but applications must be received a minimum of two (2) weeks prior to the review start date. Organizations are eligible to apply during all funding cycles. If your organization is not selected within the application funding cycle, you are welcome and encouraged to re-apply.



**FUNDING REQUEST 2017-2018**

ORGANIZATION NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ORGANIZATIONS WEB SITE: \_\_\_\_\_ TAX ID: \_\_\_\_\_

DOES YOUR ORGANIZATION HOLDS AN ACTIVE 501(c)(3) DESIGNATION WITH THE IRS  YES  NO

PROGRAM/SERVICE/EVENT APPLYING FOR: \_\_\_\_\_

HAS THIS ORGANIZATION RECEIVED FUNDING FROM THE FOOTHILLS CLUB OF TUCSON BEFORE?  YES  NO

IF YES, WHEN AND FOR WHAT DOLLAR AMOUNT? \_\_\_\_\_

TOTAL COST OF PROGRAM: \$ \_\_\_\_\_ FUNDS REQUESTED: \$ \_\_\_\_\_ PROGRAM DATE \_\_\_\_\_

WILL YOU ACCEPT PARTIAL FUNDING?  HOW MANY CHILDREN WILL BENEFIT FROM THIS PROGRAM? \_\_\_\_\_

TOTAL FUNDS TOWARD PROGRAM/SERVICE RECEIVED FROM OTHER DONORS TO DATE: \$ \_\_\_\_\_

IS THERE A FEE ASSOCIATED WITH THIS PROGRAM?  YES  NO IF YES, PLEASE PROVIDE DETAILS:

\_\_\_\_\_

ORGANIZATIONS TOTAL ANNUAL (FISCAL) BUDGET: \$ \_\_\_\_\_

LIST THE TOP 5 DONORS AND THEIR CONTRIBUTIONS TO YOUR ORGANIZATION DURING THE LAST FISCAL YEAR:

- |                |                 |
|----------------|-----------------|
| 1. DONOR _____ | AMOUNT \$ _____ |
| 2. DONOR _____ | AMOUNT \$ _____ |
| 3. DONOR _____ | AMOUNT \$ _____ |
| 4. DONOR _____ | AMOUNT \$ _____ |
| 5. DONOR _____ | AMOUNT \$ _____ |

DOES THIS PROGRAM/SERVICE REQUIRE VOLUNTEERS: \_\_\_\_ YES \_\_\_\_ NO IF YES, IN WHAT CAPACITY?

DO OUR CLUB MEMBERS HAVE AN OPPORTUNITY TO PARTICIPATE IN THIS PROGRAM OR EVENT? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, IN WHAT CAPACITY? \_\_\_\_\_

MISSION STATEMENT: \_\_\_\_\_

PLEASE PROVIDE A BRIEF SUMMARY OF HOW **THE FOOTHILLS CLUB OF TUCSON** FUNDING WILL BE USED: \_\_\_\_\_

PLEASE LIST ALL WAYS THE FOOTHILLS CLUB OF TUCSON WILL BE RECONGIZED FOR THEIR FUNDING? (PROOF OF RECONGINITON MUST BE SENT TO OUR GIVING CHAIR. AN EXAMPLE: FACEBOOK/ONLINE POST, NEWSLETTERS, PLAGUES, ETC.) \_\_\_\_\_

**ON A SEPARATE PAGE (2 PAGES MAXIMUM), PLEASE PROVIDE A MORE DETAILED SUMMARY OF THE PROGRAM OR SERVICE PER THE GRANT REQUEST.**

IS THERE A FCT MEMBER SPONSORING YOUR APPLICATION? MEMBER NAME: \_\_\_\_\_

**PLEASE ATTACH YOUR MOST CURRENT FINANCIAL STATEMENT AND W9 FORM**

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

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SIGNATURE

TITLE

DATE

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PRINT NAME

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Foothills Club Use Only

Date Application Received: \_\_\_\_\_

Committee Review Date: \_\_\_\_\_

Board Review Date: \_\_\_\_\_

Funding Awarded: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_

Follow-up Date with Organization: \_\_\_\_\_

Chairperson's Signature \_\_\_\_\_

Date \_\_\_\_\_