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**Information and Guidelines**

The Communities of Coastal Georgia Foundation (CCGF) is pleased to announce its 2019 competitive grant cycle. The application cycle begins in January and awards are announced in early June. Funding for the competitive grant cycle is made possible through the Foundation’s Community Impact Fund, which is supported by the Founders and Fundholders.

**FOCUS**

1) **Programs serving at-risk youth and which specifically address one of these areas**: Early Childhood Literacy and/or Quality-Rated Child Care; Teen pregnancy and births to unwed young mothers; Juvenile Crime and Gang Activity; High School Graduation and Workforce Readiness; Youth Development and Innovative Education Strategies; or Risk Reduction, including child protective, substance abuse, and/or mental health services.

2) **Services that concentrate on parenting, job skills and financial security for adults.**

Grant proposals may request funding up to $5,000.

Prospective applicants are welcome to discuss their proposal with us prior to submitting the application. Let us know as well, if you have issues with the application form. Contact Ellen Post for assistance: 268-2561 or epost@coastalgeorgiafoundation.org. Note: CCGF staff do not vote.

Upon the Foundation’s receipt of your Grant Application, you will be notified by email indicating that we received your submission. CCGF staff may contact you for additional information or to arrange a meeting with representatives of your organization for a site-visit. Not all applicants will be scheduled for a site visit. The notice of grant decision will be emailed to applicants in early June. Please note that an unsuccessful application does not reflect on the worthiness of a project. CCGF receives more requests than it can fund.

**2019 Grant Cycle Time Table:**

 **January 2 -** Grant Cycle Opens

 **February 28 - Grant Proposal Deadline**

 **April - May** Site Visits Scheduled

 **June -** Notifications

**Eligibility:** The Foundation invites applications from non-profit, public charities and educational institutions serving the citizens of **Glynn, McIntosh, and/or Camden Counties**. Governmental agencies, religious, and civic organizations will also be considered if the grant is to be used strictly for charitable purposes as defined by the Internal Revenue Code, Section 170.

**Requirements:**

* Current I.R.S. determination letter;
* Registered as a nonprofit with the Georgia Secretary of State;
* Service to residents in the counties of **Glynn, McIntosh, and/or Camden** **Counties;**
* Board of directors with representation from the community/communities served;
* Annual plan and budget;
* Audited financial statements for the last fiscal year if annual budget is greater than $500,000, or a review by an independent, certified public accountant if annual budget is less;
* Fulfilled reporting requirements of prior CCGF grants (**2018 recipients must provide a final report prior to submission of a 2019 proposal**); and
* Documentation of some matching support.

**Only one proposal may be submitted per applicant organization.**

**Preference will be given to those projects and programs that:**

* Show collaboration
* Show ability to mobilize diversified financial support and in-kind support and volunteers to sustain the program
* Document the need they seek to address using quality research methods
* Offer innovative strategies and creative solutions without duplicating services
* Demonstrate past performance in delivering quality service to the residents of more than one county in the service area

**Funding will not be considered for the following activities:**

 **Retroactive funding (project dates must occur after June 2019)**

 Capital Building Campaigns Annual fundraising campaigns

 Advocacy or lobbying efforts Grants for religious activities

 Endowment Grants to individuals

 Debt or deficit reduction International NGOs

 Medical or academic research Grants for re-granting

**Report:** Grants are awarded for a 12-month period, July through June. All successful grant recipients are required to provide the Foundation with a final report no later than 30 days after the 12-month grant period. Report guidelines and a copy of the report form will be furnished at the time the grant is made.

**Note: 2018 Grantees will be required to submit an interim or final report prior to submission of a 2019 proposal.**

**Publicity and Media Coverage:** CCGF will issue a press release immediately after the awards are announced. Agencies are encouraged to undertake their own publicity after receiving a grant. The Foundation appreciates photographs, publications and videos of funded projects to use in its promotion/publicity

**2019 Community Impact Grant Application**

**Deadline February 28**

*You can save this form to your computer. Applications MUST be submitted and received by the deadline. Complete all questions and be sure to review instructions.*

1. Legal Name of Organization: Click or tap here to enter text.
2. Tax ID # (FEIN): Click or tap here to enter text.
3. Mailing Address: Click or tap here to enter text.
4. Physical Address (if different): Click or tap here to enter text.
5. Executive Officer: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

1. Contact or Project Coordinator (*if different*):Click or tap here to enter text.

Title: Click or tap here to enter text. Phone: Click or tap here to enter text. Email:Click or tap here to enter text.

1. Are you a 501(c)(3) organization? Click or tap here to enter text. Government entity?Click or tap here to enter text.
2. Are you currently registered with the GA Secretary of State as a nonprofit?Click or tap here to enter text.
3. Are you currently registered with the GA Secretary of State for charitable solicitation?Click or tap here to enter text..
4. Mission Statement:
5. Focus Area: (Proposals must address at least one of the grantmaking priorities). Please check all that apply:

***Programs serving at-risk youth and which specifically address one of these areas of focus:***

[ ]  *Early Childhood Literacy and/or Quality-Rated Child Care*

[ ]  *Teen pregnancy and births to unwed young mothers*

[ ]  *Juvenile Crime and Gang Activity*

[ ]  *High School Graduation and Workforce Readiness*

[ ]  *Youth Development and Innovative Education Strategies*

[ ]  *Risk Reduction, including child protective, substance abuse, and/or mental health services*

[ ] ***Services that concentrate on parenting, job skills and financial security for adults.***

1. Amount Requested: Click or tap here to enter text. (no more than $5,000)

Total Project Budget(include matching resources) :Click or tap here to enter text.

1. County(ies) served by program/project:(select only those which are directly served by this

program): [ ] Camden [ ] Glynn [ ]  McIntosh

1. Estimated Number to Be Served: Click or tap here to enter text.
2. Proposed start date (no earlier than July 2019): Click or tap here to enter text.

Completion date: Click or tap here to enter text.

1. Is this a new or ongoing project? Click or tap here to enter text.
2. Project name and synopsis of what the grant will fund (***no more than 2 sentences***): Click or tap here to enter text.
3. Describe the Project/Program goals and objectives/ substantiate statement of need using relevant data:Click or tap here to enter text.
4. Describe the Project/Program activities and timeline that will drive/accomplish these objectives: Click or tap here to enter text.
5. Describe the evaluation methods that will be used to determine and measure outcomes and how you will determine whether the goals and objectives have been met.Click or tap here to enter text.
6. Governance information:
7. How many board seats does your organization have? Click or tap here to enter text.
8. How often does your board meet? Click or tap here to enter text.
9. Are any members of the staff related to members of the board? Click or tap here to enter text. If yes, please describe:Click or tap here to enter text.
10. What % of the board contributed financially in the past 12 months? Click or tap here to enter text.
11. Do you have a multi-year strategic plan approved by the board? Click or tap here to enter text.
12. Do you have an annual operating plan and budget approved by the board?Click or tap here to enter text.
13. How often is the Chief Executive reviewed and by whom? Click or tap here to enter text.
14. If this is a collaborative project provide a letter of support from collaborative partners and describe how the organizations will be working together to address the identified needs: Click or tap here to enter text.
15. Project Budget Summary: Complete the form below, providing a detailed line-item budget for the project and comprehensive list of funding sources (including monies already received) associated with the proposed project. If applicable, include in-kind donations/non-cash support. Total expenses should not exceed total project funding. If the project is ongoing please provide an explanation of how it will be funded in the future:

Project Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Description** | **Amount****Requested** | **Amount from****Other Source** | **Total Project****Budget** |
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| **Project Totals** |  |  |  |

**List other Funding Sources anticipated for this project (see 2nd Column Above)**

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| --- | --- | --- |
| **Funding Source** | **Amount** | **Status**(ie., pending, received) |
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| **Project Totals** |  |  |

**Signatures:**

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 Executive Officer/CEO date

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 Board Chair date

Required Attachments:

* List of Board of Directors and Officers, with affiliations
* Current Operating Budget
* Balance Sheet (most recent fiscal year)
* Annual Report (if available)
* Most recent IRS 990 or 990n (identify whether there were any deficiencies or material restrictions cited)
* Audited financial statements for the last fiscal year if annual budget is greater than $500,000, or a review by an independent, certified public accountant if annual budget is less. (call if questions)
* Collaboration between agencies or schools must include a Letter of Support from the executive(s) of the partnering organization(s) or the principal of the school

Contact me if you have questions or trouble with the application form:

**Ellen Post, Grants/Operations Manager**

epost@coastalgeorgiafoundation.org

Phone: (912) 268-2561 Fax: (912) 268-2316

Mail: 1626 Frederica Road, Suite 201, St. Simons Island, GA 31522

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