## **Application 2024 COMMUNITY GRANT PROGRAM**



The Community Foundation of the Brazos Valley is accepting applications from nonprofit organizations within the Brazos Valley for community grants of up to \$1,000.00 for initiatives and programs that support the Community Foundation's mission of enhancing the quality of life in the Brazos Valley. Qualifying nonprofit organizations must have IRS 501(c)(3) tax-exempt status.

Given limited funding, the Foundation will only consider funding for ONE-TIME NEEDS or START-UP EXPENSES FOR NEW PROGRAMS/INITIATIVES; funding WILL NOT be provided for on-going program expenses. Programs/projects must address specific community issues; this year's funding also includes field of interest grants for housing & health care, and women's issues. Grants will not be made to underwrite or sponsor fundraising, public relations events or administrative expenses [e.g., brochures, current programs, etc...].

Grant recipients will be notified no later than November 1 and will be presented during the Community Foundation's 6<sup>th</sup> Annual Brazos Valley Gives Celebration of Philanthropy [*mid-November; date to be determined*]. Grant recipients will be required to provide a summary report at the end of the project, following the expenditure of funds. Grantees that do not submit a final summary report will be ineligible for grant funding the following year.

To apply, please provide the information requested below. Only one application per organization will be considered. Incomplete applications or applications missing required information will not be considered. Applications must be received via e-mail no later than 5 p.m. on Friday, October 4 [postmarked no later than October 4]. Mail, email or drop off your grant application to:

Community Foundation of the Brazos Valley

P.O. Box 2622 · Bryan, TX 77805-2622 [physical address: 1733 Briarcrest Drive, Suite 209 – Bryan, Texas] cfbvcommunitygrant@gmail.com [must be received via email by 5 p.m. on Friday, October 4]

## **GRANT APPLICATION**

	Addressing Specific Com eed □ Start-up for	•	ative		
☐ Housing and He	rant Request: [please chealth Care bility and Environment	□ Children			
□ Brazos	d within the Brazos Vallo □ Grimes □ Leon	□ Madison		ti-county efforts are encouraged shington	
					_
City:			State:	Zip:	<del></del>
Phone:	E-Ma	il:		Website:	
Contact Person:			Title:		

State the mission of your organization:			
low will the grant funding be used?			
low will this funding advance the mission of your	organization?		
Describe the goals of your program/project. How v	will it impact the quality	of life in your community?	
rescribe the goals of your program/project. How v	will it illipact the quality t	or me in your community?	
What is the age range and how many individuals we will you do if you do not receive full funding?			
Amount Requested \$	Total Cost of Project:	: \$	
Organization's Annual Budget \$	Does your organization apply for other grants?		
ime in which grant funds will be spent: From	То _		
oes your Board meet regularly?		How frequently?	
Required attachments: 1. Copy of 501(c)(3) determination letter. 2. Current list of Board members and mailing	address [physical addr	ess and email]	
This form must be reviewed and signed by the nor	nprofit executive directo	r and/or board chair.	
Executive Director Date	Board Chair	Date	

2/13/2024 FINAL