

Earl C. Sams Foundation, Inc.
101 N. Shoreline Blvd, Suite 500
Corpus Christi, TX 78401

Grant Application

1. Organization Name _____ Date _____
2. Address _____
City, State & Zip _____
3. Contact Person & Title _____ Phone: _____
4. Person responsible for the program _____
5. Name and address of Executive Director _____

Phone: _____ Fax: _____ E-mail: _____
6. Total Agency Budget: _____
Program Budget: _____
Amount Requested: _____
7. Project Title: _____
Project start date: _____
8. Is this a new program for your organization? Yes _____ No _____
9. For entire organization: Fund raising costs \$ _____ % _____
Administrative costs \$ _____ % _____
10. Projected next year's operating budget for entire organization: \$ _____
Fund raising costs \$ _____ % _____
Administrative costs \$ _____ % _____
11. Date on which fiscal year begins _____
Date incorporated _____
12. Total number of board members _____ (please include a list of board members)
Total number of volunteers _____
13. Total number of staff: Full time _____ Part time _____
14. List of names of key staff and qualifications for project:

15. Type of request:

_____General support _____Start-up costs _____Project support _____Endowment
_____Technical assistance _____Capital expenditures _____Other

16. Principal sources of support:

_____ %United Way _____ %Government contracts _____ %Foundations/corporations
_____ %Earned Income _____ %Individual contributions

17. Previous funding from the foundation? Yes_____ No_____

18. PURPOSE OF REQUEST (The summary should not exceed this space)

19. WHY IS THIS PROGRAM UNIQUE? WHY IS IT NEEDED?

20. SUMMARIZE THE ORGANIZATION'S HISTORY, MISSION AND GOALS.

21. LIST ANY OTHER ORGANIZATIONS IN THE AREA WITH A PURPOSE SIMILAR TO YOUR ORGANIZATION AND DESCRIBE COLLABORATION, IF APPROPRIATE.

22. DESCRIBE WHAT CHANGES WILL OCCUR AS A RESULT OF YOUR PROGRAM.

23. HOW WOULD YOU DEFINE AND MEASURE THE SUCCESS OF YOUR PROGRAM?

24. HOW WILL THE PROJECTS' RESULTS BE USED AND/OR DISSEMINATED?

25. DESCRIBE YOUR PLANS FOR SUSTAINING THE PROGRAM (funding and other sources).

26. LIST OF ALL ENTITIES ASKED TO GIVE FINANCIAL SUPPORT TO, OR WHO ARE SUPPORTING, THE PROPOSED PROJECT (include their responses to donate and \$ amount committed).

27. PLEASE ENCLOSE THE FOLLOWING INFORMATION WITH THIS APPLICATION:

APPENDIX A: Completed Program/Project Budget form attached

APPENDIX B: The current annual operating budget; include in-kind services and volunteers' hours contributed.

APPENDIX C: Current Board of Directors, listing business addresses and occupations and community affiliations.

APPENDIX D: Current audited financial report

APPENDIX E: Copy of last Form 990 filed

APPENDIX F: List of major contributors (and amounts) to organization/program

APPENDIX G: Copy of applicant's most recent 501(c)(3) determination letter.

APPENDIX H: If you are a "Supporting Organization" (see, FAQ's at www.ecsams.org for help in determining Supporting Organization status), you must fill out Appendix H (Certification of Supporting Organization Status) attached hereto and provide us copies of the documents referred to therein. **NOTE:** *If you have questions about the applicability of Appendix H to your organization, please feel free to contact Foundation staff.*

APPENDIX I: If you are a "Supporting Organization", (see, FAQ's at www.ecsams.org for help in determining Supporting Organization status), you must provide us with a "reasoned opinion of counsel" setting forth the Supporting Organization's "Type" classification and the rationale and factual basis for making that determination (i.e. a Type I, Type II, Type III, or Functionally Integrated Type III Supporting Organization). If the reasoned opinion of counsel states that your organization is a "Functionally Integrated Type III Supporting

Organization” then the opinion must further state that the organization was determined to be “Functionally Integrated” in accordance with Treasury Regulation 1.509(a)-4(i)(3)(ii) and further state the rationale and factual basis for that determination.

If the applicant is not required to have obtained a 501(c)(3) letter, it must provide a copy of an IRS letter or a legal opinion certifying that the applicant is a public charity as described in section 509(a)(1),(2),or (3).

The Foundation considers grant applications only from public charities as defined under the Internal Revenue Code and applicable regulations. ***NOTE: If you have questions about the applicability of Appendix I to your organization, please feel free to contact Foundation staff.***

Earl C. Sams Foundation, Inc.

APPENDIX A

PROGRAM/PROJECT BUDGET

PROGRAM NAME: _____
(Not applicable for general operating expenses)

Itemize Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL COST (A)	\$ _____ =====

FUNDS AVAILABLE FOR PROGRAM:

Gifts & Grants (pledged or paid)	\$ _____
Trustees	\$ _____
Corporations	\$ _____
Foundations	\$ _____
Individuals	\$ _____
Government	\$ _____
Other (earned income, special events, membership, subscriptions, etc.)	\$ _____
TOTAL FUNDS AVAILABLE (B)	\$ _____
BALANCE REQUIRED (A minus B)	\$ _____
AMOUNT REQUESTED	\$ _____ =====

APPENDIX H

Certification of Supporting Organization Status

_____ [NAME OF SUPPORTING ORGANIZATION] hereby certifies that it qualifies as a public charity because it is a supporting organization as defined by Internal Revenue Code Section 509(a)(3).

1) The organization supports:

Name of Supported Organization(s)

2) Is a **majority** of your governing board elected or appointed by the supported organization(s)?

_____ Yes _____ No

Does a **majority** of your governing board consist of individuals who also serve on the governing board of the supported organization(s)?

_____ Yes _____ No

If the answer to either question is "Yes," describe the process by which your governing board is appointed and elected.

Also attach relevant Articles of Incorporation, Bylaws, or other document which details that process. Please highlight the article(s) or section(s) of the material which prescribes the process.

3) The organization further certifies that it is the following type of supporting organization:

_____ Type I "Operated, supervised, or controlled by" one or more publicly supported organizations -- a majority of the governing board is elected or appointed by the supported organization(s)

_____ Type II "Supervised or controlled in connection with" one or more publicly supported organizations -- a majority of the governing board consists of individuals who also serve on the governing board of the supported organization(s)

_____ Type III "Operated in connection with" one or more publicly supported organizations

NAME OF SUPPORTING ORGANIZATION:

By: _____
Signature

Printed Name

Title or Corporate Office Held

Date: _____

Corporate Acknowledgement

The State of Texas §

County of _____ §

Before me, the undersigned, a Notary Public on this day personally appeared, _____ known to me be the person and officer whose name is subscribed to the foregoing instrument and acknowledged to me that the same was the act of the said corporation, and that he had executed the same as the act of such corporation for the purpose and consideration therein expressed, and in the capacity therein stated.

Given under my hand and seal of office, this _____ day of _____, 20__.

Notary Public, State of Texas