

Texclipse Cares 501c(3) Grant Application

To Qualify:

- Applicant must be a local Texas registered 501c(3) organization.
- Applicants only qualify for financial assistance if applying for:
 - Environmental Causes and/or Clean up & Improvement Initiatives
- Applications are reviewed once a quarter. *(Please circle which quarter you are applying for below)*
- Applications/Documents MUST be received by listed deadlines to be considered.
- Please mail application and all necessary documents to: Texclipse Cares, P.O. Box 727, Junction, TX 76849
- Applicants will be notified one month from application date.
- If awarded, checks will be presented to organization on a scheduled date.
- Failure to submit completed application will result in application being automatically denied.

GRANT APPLICATION DUE DATES: (CIRCLE) January 25th | April 25th | July 25th | October 25th

Organization Name: _____ State ID #: _____

Mailing Address: _____

Point of Contact Name: _____ Phone #: _____

Email Address: _____ Organization Years Active: _____

Organization Website: _____

Organization Social Channels: _____

Project Start Date: _____ Project End Date: _____

Location of Project: _____

I am applying for: Environmental Cause(s) Clean Up/Improvements

Desired Grant Amount: \$250 \$500 \$750 \$1000

Please Attach to Application:

- Project budget + agenda and any other supporting documents
- Essay answering the following questions:
 - What is the mission statement and/or goals of your organization?
 - Why do you need financial assistance? & what is your cause?
 - How will this grant help your cause?
 - What is the end goal/What do you wish to accomplish?

*Upon approval of my application, I agree to send bi-weekly updates during the cause initiative with photos to Texclipse Cares for their perusal. I give my consent to Texclipse Cares to share my photos & updates to outlets including but not limited to social media, news outlets, etc. I will also share a report including financials and receipts of said project.

Signature of Applicant: _____ Date: _____

TEXCLIPSE CARES OFFICE ONLY:

Amount Awarded: _____ Grant Denied: _____ Check Presented Date: _____

Initials: _____ Notes: _____

