



# **Grant Guidelines and Application 2020**

Boca CARES is a philanthropic organization  
comprised of Residents, Friends  
and Business Partners of the  
**Boca Royale Golf and Country Club.**

1601 Englewood Road  
Englewood, Florida 34223  
941-475-6464

## **GRANT APPLICATION GUIDELINES**

Thank you for your interest in **Boca CARES**. The enclosed will provide you with a brief introduction to **Boca CARES**, our policies, guidelines and a list of specific information we will need in order to review your proposal.

### **The following information should accompany your application form:**

- *A one or two-page cover letter on your stationary, signed by a senior management official, briefly outlining your proposal.*
- *A copy of the Internal Revenue Service ruling of the organization's tax-exempt status under section 501(C)(3).*
- *A detailed project budget, specifically outlining the amount of funds you are requesting and how they will be used.*
- *A copy of the most recent audited financial statements or Form 990.*

Answer the grant application headings in paragraph form. If you believe more information is needed, you may submit two additional pages in narrative form to further explain your proposal. For example, this might include medical details for requesting funds to begin or continue research. Please do not submit handwritten proposals.

NOTE: We will NOT consider requests for funding towards salaries, administrative or operating expenses of any kind. Also, we do not provide funding that is for individual use. We focus on non-profit organizations whose project directly impacts the greater Englewood community.

Please DO NOT send videotapes, magazine articles, books or other collateral material at this time. A **Boca CARES** representative will contact you if more information is needed

## **HISTORY**

**Boca CARES** was founded in late 2018 as a philanthropic organization comprised of Residents, Friends and Business Partners of the Boca Royale Golf and Country Club in Englewood, Florida. **Boca CARES** works in conjunction with The Gulf Coast Community Foundation but individual grants are awarded by the **Boca CARES** Board of Directors and the residents of Boca Royale. **Boca CARES** will derive its tax-exempt status by being a Donor Advised Fund, administered by the Gulf Coast Community Foundation.

## **MISSION**

**Boca CARES** supports programs that directly impact non-profit organizations in the greater Englewood area, within the Sarasota and Charlotte counties of Florida.

## **FUNDING CONSIDERATIONS**

**Boca CARES** does not award multi-year grants. Grants are limited to one per twelve (12) month cycle to applicants that are awarded grants. If your grant is rejected, you may re-apply within one year. Grant awards for the first cycle will be \$5000.

## **INTERESTS**

**Boca CARES** is interested in programs that:

- Directly serve children, families, seniors and/or veterans in our two-county region.
- Offer clear goals and objectives
- Display consistent and effective management and a broad base of funding support.
- Reach out to multiple communities in our two-county region, in an attempt to serve as many residents as possible.
- Promote collaborative efforts between non-profit organizations.
- Request funds for tangible expenses, i.e. equipment that can be used from year to year.

## **RESTRICTIONS**

**Boca CARES** will not provide support for the following types of organizations or projects:

- General advertising or fundraising drives.
- Partisan, political or denominational projects.
- General and administrative costs.
- Intermediary funding agencies.
- Endowment campaigns.
- Salaries or travel expenses.
- Requests that are not in writing.
- Public or private schools unless they have a 501(C)(3) designation.

### **APPLICATION PROCESS**

1. Applications may be submitted directly to the **Boca CARES** in care of the USPS mailing address on page 1 of this document or via email:  
**bocaroyalecares@gmail.com**
2. The application is reviewed for completeness.
3. A **Boca CARES** representative will conduct a site visit, if necessary.
4. The **Boca CARES** Board of Directors will make recommendations for funding to the Boca Royale Home Owners that have contributed for final majority approval.
5. A decision letter is sent to you and a check presentation will be scheduled to occur at the Boca Royale Club House.
6. Funded projects will be evaluated upon completion of the required grant follow-up report. Another site visit may be required.

### **DEADLINES**

Grant applications are reviewed semi-annually. Deadlines for applications are scheduled approximately forty-five (45) days before Grants Committee meetings to allow a complete evaluation. Grants are awarded as funds are made available. At any meeting, grant applications may be tabled due to insufficient information and/or of funds.

**APPLICATION DEADLINE IS: Friday, June 28, 2020 by 5:00pm EST**

No extension of this deadline will be considered. Applications must be received by stated deadline.

Only one application in a 12-month cycle may be submitted.

**ALL APPLICATIONS RECEIVED WILL BE ACKNOWLEDGED BY EMAIL**

(if you do NOT receive an email acknowledgement, it is your responsibility to confirm that the application has been received prior to the deadline)

**Boca CARES GRANT APPLICATION FORM**

*Complete and return pages 5-8 to  
bocaroyalecares@gmail.com*

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**Organization**

Name of Organization:

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Project Title:

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Full Address:

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Email:

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Telephone Number:

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Website:

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Contact:

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Title:

\_\_\_\_\_

Organization must have a profile on The Giving Partner (www.thegivingpartner.org).

What is the last date your profile was updated?

\_\_\_\_\_

Specific amount requested from **Boca CARES**:

\$ \_\_\_\_\_

**REMEMBER!** Please include your organization's latest audited financial statement, or 990 form and a letter from the IRS stating your tax-exempt status.

How did you hear about the **Boca CARES** Grants Program?

\_\_\_\_ Web site \_\_\_\_ Brochure \_\_\_\_ Print Media

\_\_\_\_ Boca Royale Resident; If so, whom \_\_\_\_\_

\_\_\_\_ Other

Have you ever received monies from **Boca CARES**? \_\_\_\_\_

If so, when and how was it used?

\_\_\_\_\_

***Note:** If you have received funding from **Boca CARES** previously, you must wait at least full year from the time you were awarded the grant until you submit another request.*

**Budget**

Specific amount requested from **Boca CARES**:

\$\_\_\_\_\_ Include: Itemized budget for this project, how the funds will be used, and total program, your current sources of income and expenses, a balance sheet for the past year and contributions from other institutions or organizations, if any.

**Target Population**

Please summarize your target population in measurable terms.

- Who is your primary audience? \_\_\_\_\_
- How many do you serve? \_\_\_\_\_
- Age range of participants? \_\_\_\_\_
- Where is the program offered? \_\_\_\_\_
- Geographic range of organization (must be within Sarasota and/or Charlotte County)?  
\_\_\_\_\_

**History**

Please provide us with a brief history of your organization.

\_\_\_\_\_

Provide a list of your Board of Directors.

\_\_\_\_\_

**Summary**

Please provide a concise description of the need or problem to be addressed. Include the overall goals and purposes of your organization, the specific purpose of the funds and how the objectives will be accomplished. Indicate if you are collaborating with other local organizations. Please specify a timetable for the project.

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**Publicity**

In an effort to better inform the community about the efforts of the Boca Cares Fund, The Fund is asking what action items your organization will commit to in order to publicize this possible grant to your constituents and the broader community. Please list:

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**Evaluation**

How will you determine the impact of this project? Explain the methods of evaluation.

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