



“Neighbors Helping Local Charities”

Grant Guidelines and Application

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 attached 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, with all submitted in digital format:

- ▣ *A one or two-page cover letter on your stationery, 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.*

Answer the grant application headings in paragraph format. If you believe more information is needed, you may submit two additional pages in narrative form to further explain your proposal. 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. Grant awards are capped at \$5,000 based on available funding. In order to be considered for a Grant you must apply in each Grant cycle.

FUNDING INTERESTS

- **Boca CARES** funding priorities are food, shelter, health care and social service needs.
- Our targeted populations are children, families, seniors, and veterans
- Proposed funding needs must 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, with detailed justification for requested funds.
- Public or private schools unless they have a 501(c)(3) designation.

APPLICATION PROCESS

1. Applications must be submitted electronically directly to **Boca CARES** at **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 projects to be supported based on priorities listed above.
5. A decision letter or email will be sent to you and checks are issued from the **Boca CARES** Fund through Gulf Coast Community Foundation.
6. Funded projects will be evaluated upon completion of the required grant follow-up report.
7. Another site visit may be required.

DEADLINES

Grants are awarded based on funds availability. At any meeting, grant applications may be tabled due to insufficient information and/or of funds.

APPLICATION DEADLINE: Will be posted on bocaroyalecares.com

(This is an information only website. Do NOT send applications to this website.)

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

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*

No extension of this deadline will be considered. Applications must be received by stated deadline. (if you do NOT receive an email acknowledgement, it is your responsibility to confirm that the application has been received prior to the deadline)

Organization

Name of Organization: _____

Project Title: _____

Full Address: _____

Email: _____

Telephone Number: _____

Website: _____

Primary Contact: _____

Title: _____

EIN #: _____

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

What is the status of your profile?

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

___ Web site ___ Brochure ___ Print Media ___ Social Media

___ Boca Royale Resident; If so, whom _____

___ Other _____

Have you previously received a grant(s) from **Boca CARES**? _____

If so, when, amount, and how was it used? _____

Budget

Specific amount requested from **Boca CARES**: \$_____ Include:

Itemized budget for this project, how the funds will be expended and all sources of income for this project. In addition, attach copy of current agency operating budget and balance sheet from the last fiscal year.

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 & Governance

Please provide us with a brief history of your organization. What is your Mission Statement?. What jurisdictional areas do you assist?

Attach 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.

Note: Boca Cares will automatically discard any request that contains general statements, e.g., \$3,000 for support of XXXX. Detailed justification is required to properly evaluate funding priorities.

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:

Evaluation

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