



# Charitable Foundation

Dear Applicant,

Thank you for your interest in the *SBM Charitable Foundation*. As you may already know, the Foundation is committed to improving the lives of individuals and families living and working predominantly East of the River, in Hartford, Tolland, and Windham Counties. The Foundation supports programs in the areas of health, human services, education, housing, and the arts, with a focus on basic needs, children, and education enrichment.

As you prepare your materials for a **"We're Pulling For You Grant"**, please keep in mind the Foundation's requirements for applying, which are noted on page two of this application. It is important that you comply with our specific requirements so your request can be processed in a timely manner. Please do not hesitate to contact our staff with any questions that you may have.

The Foundation's **"We're Pulling For You Grants"** are a continuing legacy of the Savings Bank of Manchester's longstanding commitment to the community that it served for nearly one hundred years. It is with pleasure that we invite you to apply, and we hope to speak with you soon.

Sincerely,

*Molly C. Devanney*  
Executive Director

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## ***SBM Charitable Foundation Mission Statement***

***The SBM Charitable Foundation, Inc., perpetuating the vision of the former Savings Bank of Manchester, is committed to bettering the lives of those who live and work predominantly East of the River in Hartford, Tolland, and Windham Counties. Priorities established for the Foundation's giving are Health, Human Services, Education, Housing and the Arts.***

## GRANT APPLICATION

Grant applications must be submitted using the SBM Charitable Foundation "Request for Grant" form. Please complete the form fully and attach all required documents to avoid delay or unnecessary denial. If you have received SBMCF funding support in the past, acceptable feedback regarding that grant is required before any future funding is considered. Please refer to the letter that was sent with your grant check.

No application can be considered without submission of Also, for a grant request to be considered, the following information and documents must be submitted with your grant application:

- Proof of your organization's 501 (c) (3) status (a clear copy of the Internal Revenue Service tax exemption letter for your non-profit)
- Your organization's Mission Statement.
- A list of your Board of Directors (please include both names and addresses).
- A complete budget for the project/program described.
- Your organization's current annual operating budget.
- A statement of the percentage of administrative cost over total cost for your organization "over-all" AND for any possible SBMCF-funded program (if these amounts are more than 15% you MUST include an explanation of what is included in the amounts, as well as an explanation about the reason for the "seemingly high" percentages).
- The Audited Financial Statement for the previous year's activities, if applicable.
- A copy of your most recent Form 990, Form 990EZ, or IRS tax postcard.

If any of the above-mentioned documents are not available, or are inapplicable, please note the reason in your "Request for Grant" form.

The SBMCF gives high priority to equality of opportunity for all members of society. Accordingly, it is the Foundation's expectation that, in carrying out any program funded by an SBMCF grant, your organization will take appropriate affirmative action steps.

Please return your completed Grant Application to:

**SBM Charitable Foundation, Inc.**  
**935 Main Street, Level C, Suite B101**  
**Manchester, CT 06040**

# REQUEST FOR GRANT

(please print)

Name of your organization: \_\_\_\_\_

Mailing Address:

Street Address (if different):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

(name/title)

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Program Summary** (attach additional pages if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Program Budget Amount:

(attach details)

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

Amount Requested:

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

Tax Identification Number:

\_\_\_\_\_

**Admin. Cost Ratio** (if >15%, attach explanation):

Org. Over-All: \_\_\_\_\_ Program: \_\_\_\_\_

## **Approval of Chief Executive Officer:**

The organization named above will act as the fiscal agent responsible for any funds that might be received and will comply with applicable tax laws, regulations, and the SBMCF's policies, including required feedback regarding funded programs. We also understand that SBMCF requires periodic program and financial expenditure reports from grant recipients and may request the opportunity to visit our programs before awarding a grant, or after a grant has been made, for purposes of program evaluation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

## **SBMCF CONTACT INFORMATION**

*Executive Director & Corporate Secretary*

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