

# SANTA FE NATURAL TOBACCO COMPANY FOUNDATION

401 N. Main St., 10th Floor • Winston-Salem, North Carolina 27101 • [www.sfntcfoundation.org](http://www.sfntcfoundation.org)

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## GRANT APPLICATION

*Please submit one copy of the completed application*

Name of Organization: \_\_\_\_\_

(Exactly as it appears on your federal tax-exempt certification under Section 501(c)(3) of the IRS Code)

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ Organization's Website: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

(Please include the appropriate prefix e.g.: Mrs./Mr./Ms.)

Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Organization's Fiscal year ends: \_\_\_\_\_

### GOVERNING BOARD AND STAFF

Attach a list of the members of the Governing Board.

### GRANT REQUEST INFORMATION:

Indicate the deadline for which you are submitting an application: Feb. 28 \_\_\_\_\_ May 31 \_\_\_\_\_ Aug. 31 \_\_\_\_\_ Nov. 30 \_\_\_\_\_

Project Support – Title \_\_\_\_\_

*Contact person to whom communication should be directed (if college/university list project coordinator):*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Please use the appropriate prefix e.g.: Mrs./Mr./Ms.)

Mailing Address: \_\_\_\_\_

(If different from address listed above)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

**PROJECT INFORMATION**

Total Project Budget \_\_\_\_\_

Amount Requested \_\_\_\_\_

Project Start Date \_\_\_\_\_

Project End Date \_\_\_\_\_

Give a brief description of the project for which you are seeking funding.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your organization previously received a grant(s) from this Foundation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have all the reporting requirements been met for the grant(s)? \_\_\_\_\_

*If reporting requirements have not been met, please submit report with this application.*

**Past Funding**

In the space below, list the sources and amounts of major funding in the past year for the organization and/or the project for which funds are being requested. Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Potential Funding**

In the space below, list funds from other sources (foundations, corporations, government, earned income, endowment, memberships, special fund-raising activities, etc.) that have been received or are under consideration for the organization and/or this project. Please indicate the source, amount, whether the funds have been received, confirmed, or are under consideration, and whether the funds are for a single year or multiple years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Future Funding**

Upon completion of this grant, if awarded, do you intend to return to the Foundation for continued funding?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for approximately how many years? \_\_\_\_\_

Do you have a long-range plan over the next three-to-five years that will enable you to operate the organization or this project without Foundation funding?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by approximately what year? \_\_\_\_\_

Does the organization currently have an operating reserve? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the organization currently have an endowment? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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## FINANCIAL INFORMATION

### FINANCIAL HISTORY SUMMARY:

List the total actual operating income and expenses of your organization for the last two completed fiscal years as shown on IRS Form 990. If the 990 is not yet available for the most recently completed fiscal year, list the un-audited final income and expenditures and indicate that the numbers are un-audited.

	Year: 20____	Year: 20____
<b>INCOME</b>	\$ _____	\$ _____
<b>EXPENDITURES</b>	\$ _____	\$ _____

Did your organization end any of these fiscal years with a deficit?      Yes\_\_\_\_      No\_\_\_\_

### PROPOSED BUDGET SUMMARY:

If the applying organization is a college/university, public school or government unit, complete only Column (2). Column (1) must be completed by all other organizations. Column (2) does not have to be completed if you are seeking general operating support. The amounts in Column (2) must be included in the amounts in Column (1).

	Column (1) ORGANIZATION'S TOTAL BUDGET	Column (2) PROJECT BUDGET
Total anticipated <b>Income</b> for period for which funds are being requested	\$ _____	\$ _____
Total anticipated <b>Expenditures</b> for period for which funds are being requested	\$ _____	\$ _____
<b>Amount Being Requested from Foundation</b>	\$ _____	\$ _____

### In addition to the requested budget information, you must also submit the following attachments:

- Prior fiscal year's statement showing** actual general expenses and specific sources of income.
- Current year-to-date statement** showing actual general expenses and specific sources of income against the current year-to-date budget.
- One page, line-item proposed budget** (showing anticipated income and expenditures) for the total operations of the organization's fiscal year(s) for which funds are being requested.
- If the funds being requested are for a specific project rather than for general support, also submit a **one-page, line-item budget for the specific project** (showing anticipated income and expenditures) for which funds are being requested.
- List of your Board of Directors.
- Mission Statement.
- IRS Letter of Determination showing 501(c)(3) status.
- Most recent Form 990 PF as filed with the IRS.
- Brochures, newspaper clippings, and letter of support (*optional*)

Name of Organization: \_\_\_\_\_

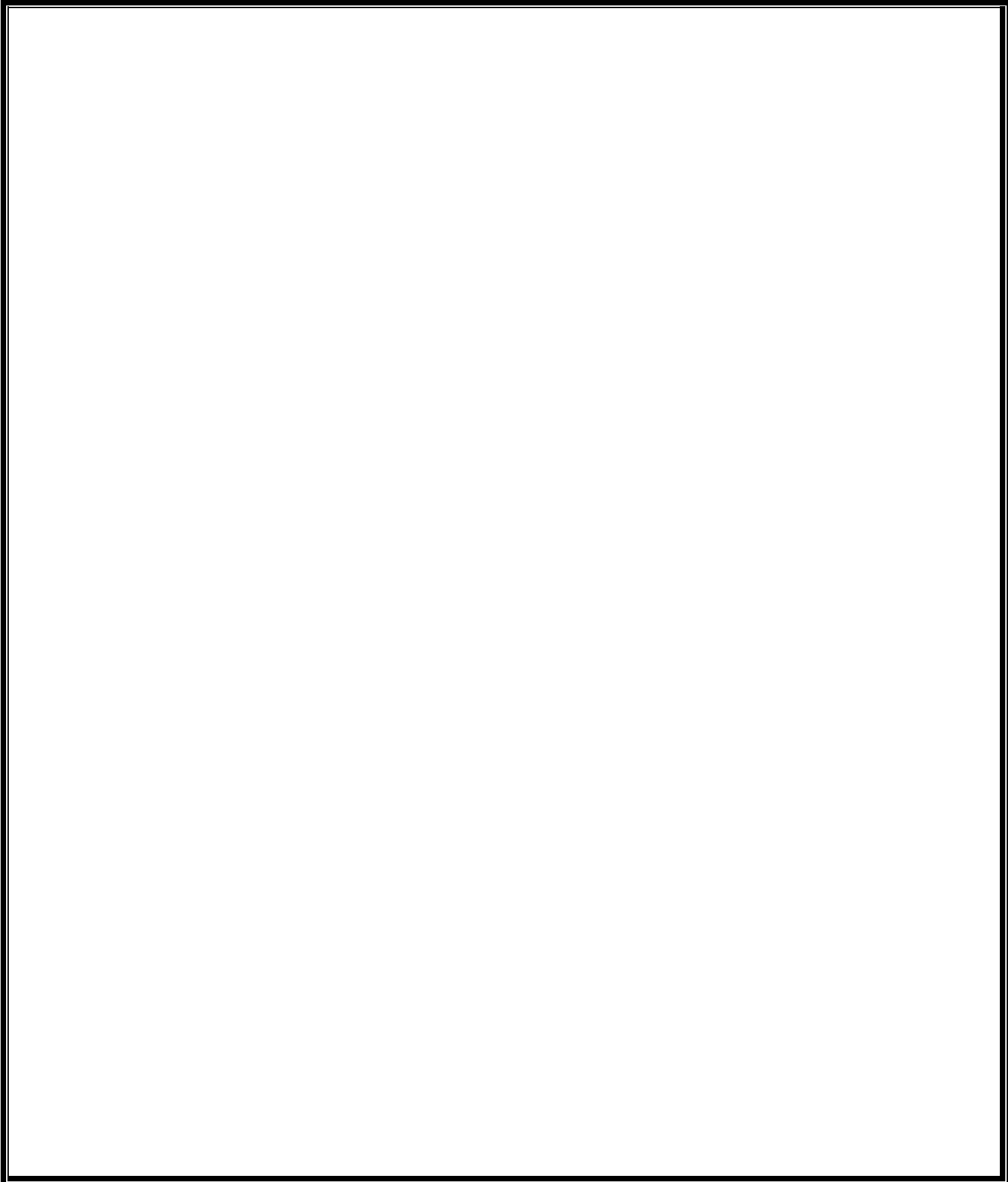
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**GRANT PROPOSAL SUMMARY**  
**(THIS SECTION MUST BE COMPLETED USING THIS FORM)**

Amount being requested:       \$ \_\_\_\_\_

**Project Support – Title** \_\_\_\_\_

In the designated spaces below, provide a summary, in 12 pt. font, of the mission of the organization, goals, activities and expected outcomes for this project, how the grant funds would advance the purposes of the Foundation, or of the organization.,



Name of Organization: \_\_\_\_\_

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**TERMS AND CONDITIONS**

If the applying organization is awarded grand funds from the Santa Fe Natural Tobacco Company Foundation for the purposes stated in this application, the following terms and conditions pertain.

The grant funds are to be used solely for the purposes stated in your application. By accepting the grant, you agree:

- To obtain the Foundation’s approval in writing if your aims for the grant change considerably from those listed in your proposal.
- To provide the Foundation with report(s) describing the project’s successes, any significant difficulties encountered and how they were overcome. The report(s) should also include a description of how the grant funds were used to advance the purposes of the Foundation. A fiscal section showing how the funds were expended should be included.
- That any portion of the grant funds not used by your organization in accordance with its proposal or in a manner that has received our subsequent written approval must be returned to the Foundation.
- To allow the Foundation use of the organization name in general Foundation marketing and/or promotional material.

\_\_\_\_\_  
*Name of Executive Director/Authorized Signer (please print)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Name of Executive Director/Authorized Signer*

\_\_\_\_\_  
*Title*