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| Description: Description: CCS Charity Guild Logo 2015 Lrg | **2021 APPLICATION - LARGE GRANTS (up to $25,000)**  **Only the first 15 completed + qualified applications will be considered.**  **Submit to [application@charityguild.org](mailto:application@charityguild.org)** | Supporting documents mail to:  CCS Charity Guild Applications  c/o Marcy Hirshberg  1020 Downing Street  Johns Creek, GA 30022 | |
| **Application process opens at 9 am on November 2, 2020. Organization must have been operating for at least 2 years from application date to qualify for consideration. Organizations that have received funding from CCS Charity Guild for the last 2 consecutive years are not eligible for 2021.**  cleardot  **Submit financials and hard copy documents via mail to address to the right with *no delivery signature required.*** | | |  |

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| Organization Name: | | | |
| Address: | | | |
| Primary Contact: | Main Phone: | | Cell: |
| Email: | | Website: | |
| Organization Mission Statement: | | | |

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| How many clients do you serve annually? |  | What is the makeup of those served? (give % seniors, children, adults, etc.) |  |
| Requested grant amount (up to $25,000) |  | Year founded |  |
| Employer Identification Number |  | Have you received funding from the CCS Charity Guild in the past? | Yes  No |

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| Full-Time Employees: | Part-Time Employees: | Number of Volunteers (average): |

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| Please give a brief description of how you will apply grant funds. Please include itemization of usage of funds and the expected impact: (for example, $1,000 for school lunches for 100 children, $2,000 for backpacks for 200 children, etc) Maximum number of words: 100. |
| What geographic area does your organization serve?  (Must provide services in Metro Atlanta.) |
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| In 25 words or less, please provide a description of your organization's mission *and* services it provides and its uniqueness to our community.  Note: This will be included in the ballots by which the Charity Guild Members will vote to determine which charities will receive funding. |
| If you have a 3-5 minute video that you would like to share with our voting members, please include that link: |
| Please list any CCS Charity Guild Members who have used your services, been involved in your organization or could act as your reference. Please contact your reference(s) before submitting your application make them aware of this.  Include name and contact info: |

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| Organization Name: |
| Please highlight key financial facts and figures for our review: |
| 1 - Total functional expenses (IRS Form 990, Sec. IX, Col. A, Line 25): |
| 2 - Annual program expenses (IRS Form 990, Sec. IX, Col. B, Line 25): |
| 3 - Management and General Expenses (IRS Form 990, Sec. IX, Col. C, Line 25): |
| 4 - Fundraising expenses (IRS Form 990, Sec. IX, Col. D, Line 25): |
| 5 - Unrestricted net assets (IRS Form 990, Sec. X, Col. B, Line 27): |

If selected by the CCS Charity Guild membership, my organization will use the funds as stated in this application.  We will provide documentation to support the use of funding.

Submitted by (Print Name): **\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
  
Title: **\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date (mm/dd/yy): **\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature: **\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please email Marcy Hirshberg and Sissy Luciani, Co-VP, Charities, Country Club of the South Charity Guild, with any questions at** [**application@charityguild.org**](mailto:application@charityguild.org)