***“Making an Impact”***

 111 Solana Road

Unit C

Ponte Vedra Beach, FL 32082

2020-2021 Charitable Grant Application (United States)

Grant Making Policies for Local Grants of

 Wagner Family Foundation

The Wagner Family Foundation seeks to fund worthwhile projects and programs in our community developed and administered by Florida 501(c)(3), non-profit organizations. Priority consideration for funding will be given to those proposals that address the needs of the following: Children and youth, Milita5ry organizations, persons from underserved communities, children who would not have access to programs, experiences, and activities due to health and/or socioeconomic factors, and/or programs and projects that promote health. Please note the typical grant award is between $1,000 and $5,000.00.

Grants must be submitted electronically in PDF format on or before 5p.m. on the March 31st, to be considered. If the grant proposal is submitted after date and time it may not be considered.

Grant Document Checklist:

* Each question on grant application must be answered completely.
* A budget for the requested funding or a detailed description of how funds will be utilized and number of people who will benefit from funding is required.
* Determination Letter from IRS with Corporate Status.

\*Noted: If the grant is not complete it may not be considered.

A representative from the organization submitting the grant must contact The Wagner Family Foundation by email within 48 hours of submittal of the grant to confirm it was received. Contact: Billy Wagner 904-280-4102-Billy.Wagner@brightway.com

|  |
| --- |
| Organization Name: |
| Address: | City: | State: | Zip: |
| Contact Name: |
| Telephone: | Office: | Fax: |
| Email: | Website: |

$

Amount of Funding Request

Will this project be funded from sources other than The Wagner Family Foundation?

Yes No

If you answered yes, list grantors/funders:

If this projected is not fully funded, do you agree to return the grant to The Wagner Family Foundation?

Yes No

Has your organization ever received funding from The Wagner Family Foundation?

Yes No If you answered yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the mission of your organization? (Attach organization brochure if applicable.)

Attach Internal Revenue Service (IRS) determination letter

|  |
| --- |
| A) Description of the project, B) use of funds, and C)how many people will benefit. |
|  |
| Where are the beneficiaries located? | St. Johns County |  |  | Duval County |  |  |

Elsewhere in US. Please specify.

|  |
| --- |
| Who are the beneficiaries of the program or projects? |
| Vulnerable Adults |  |  | Military |  |  | Children/youth |  |  |
| Other, please specify: |

|  |
| --- |
| Is there a Brightway Of Ponte Vedra Beach connection with your organization? Does a member of the Wagner Family Board serve your organization? If so please provide info below. |
| Name of Contact: | Title: |
| Telephone: | Email: |
| Connection with: |

|  |
| --- |
| How did you find out about our Foundation? |
|  |  |  |  |  |  |

Please list or attach any additional information that you consider pertinent.

The Trustees of the Charitable Fund may require a final accounting of the grant provided

by the funding for your project. Your organization agrees to provide a final accounting within (30) days of a written request for same by the Trustees as a condition for approval of this application.

|  |
| --- |
| Application for a Charitable Grant submitted by: |
| Name | Signature |
| Title | Date |

Approved by Charitable Fund Application Review Committee:

Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Approved by the Wagner Family Fund Trustees

Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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