

# Unrestricted Funds at the Polk County Community Foundation

- 2008 -

The Polk County Community Foundation seeks to improve the quality of life for all citizens in Polk County and Landrum with its unrestricted grantmaking. These funds serve a particularly important purpose because they allow the Foundation's Board of Directors the freedom to address the needs and wants of the community as they change from time to time.

Many generous citizens who value our community have contributed to the Foundation's unrestricted grantmaking since 1975. There are several unrestricted funds: Marjorie M. & Lawrence R. Bradley Endowment Fund, the Merlin G. and Elenore W. Robertson Fund, the Williams Fund, the Book of Memory Fund, the Anonymous Fund and the general Unrestricted Fund. The Edward E. and Suzanne K. Plumly Fund, Abie Proudfoot Memorial Fund, and Thomas J. Kofodimos Charitable Fund are permanent endowed funds which were established to make annual contributions to the Unrestricted Fund in perpetuity.

Some donors choose to have named unrestricted funds and some choose to add their gifts or bequests to the general Unrestricted Fund. Donations of all sizes become part of the general Unrestricted Fund when donors instruct the Community Foundation to use their donations "to help in any way" or "at the discretion of the Board".

Memorial gifts to the Community Foundation are added to the Book of Memory Fund, an unrestricted fund. In this case, names are inscribed in the Community Foundation's Book of Memory, which is displayed in our lobby.

Which organizations may apply? Qualified applicants include Polk County or Landrum nonprofits and organizations primarily supported by tax dollars. Polk County or Landrum churches and other civic organizations may be eligible for a grant depending on the nature of the project. If your donors do not receive tax deductions for contributions to your organization, or your organization is a church, please contact our Grants Manager for details about eligibility.

What types of grants may be awarded? Grants are awarded to fund projects of value to our community, including capital expenses (non-recurring budget items), new projects and programs. Basic operating expenses may be funded in the case of start-up organizations and in other exceptional circumstances. Grant proposals are accepted in each of eight broad fields: advancing philanthropy, arts & humanities, community affairs, conservation, diversity, education, health, and human needs.

Grants are not normally awarded for expenses already incurred. The Community Foundation prohibits funding of political parties or candidates, courtesy advertising or benefit tickets, telephone solicitations, and medical research.

Total grant funds available in 2008: \$ 300,000 (\$150,000 per grant cycle)

*Timeframe for Using Approved Grants:* Grants must be spent within 12 months of the time of the award. Applicants may request a time period longer than 12 months for spending the grant by indicating the need for an extension of time in the grant application.

*Questions?* For additional information concerning this or other grant applications, or help with your unique situation, please contact our Grants Manager, Cathie Campbell, at the Polk County Community Foundation.

You may visit us at 255 South Trade Street, Tryon, NC or at [www.polkccf.org](http://www.polkccf.org); call 828-859-5314; or email: [ccampbell@polkccf.org](mailto:ccampbell@polkccf.org).

	Deadlines	Interview Dates	Notification Dates
First Cycle	Tuesday, March 4, 2008 by 1:00 p.m.	April 21, 22, 23, 2008	By May 16, 2008
Second Cycle	Tuesday, September 2, 2008 by 1:00 p.m.	October 20, 21, 22, 2008	By November 14, 2008

**Application for Unrestricted Fund Grants**  
**at the**  
**Polk County Community Foundation**

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**I. COVER SHEET (must be submitted in this form on one page):**

Date of Application: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Title of CEO/Executive Director/President/Board Chair/Principal:

\_\_\_\_\_

Contact Person and Title (if different from above): \_\_\_\_\_

Phone number and email of Contact Person (if different): Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your tax identification number? \_\_\_\_\_

What is your nonprofit status? \_\_\_\_\_

*Enclose IRS 501(c)(3) letter (required) or explain your charitable status ( Unit of Government? Other? )*

Is your organization more than five years old? \_\_\_\_\_

When does your fiscal year end? (eg. June 30) \_\_\_\_\_

Summarize your organization's mission in the space provided.

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

Project Title: \_\_\_\_\_

Summarize your project or grant request in the space provided:

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

Grant Request Amount: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Date funds will be spent by: \_\_\_\_\_

Do you need an extension of time to spend funds beyond the 12 months from notification? \_\_\_\_\_

## II. NARRATIVE: (maximum of three pages)

### A. **Introduction and Background of Organization:**

Briefly describe your organization's mission, history and major accomplishments with an emphasis on your programs and activities within the past five years.

### B. **Describe Your Proposed Project (incorporating the following points):**

1. Explain why your Board views this as an important project for your organization and our community.
2. Name the people in your organization who will be involved in carrying out the plans outlined in this request.

### C. **If you receive a grant, how will you inform your constituency and the public of this grant from the Polk County Community Foundation?**

## III. ATTACHMENTS (Please label)

### A. **Detailed Project Budget**

1. Itemize all proposed expenditures, including tax and shipping if applicable.
2. Indicate other sources of funds to cover expenses. Include your organization's funds as well as outside funding sources. Indicate any commitments of volunteer time to help accomplish this project.

### B. **Provide the names of the members of your governing body. (eg. Your Board members)**

### C. **List the number of paid staff at your organization. (eg. \_\_\_\_ F/T, \_\_\_\_ P/T)**

### D. **Public Safety Organizations. There is a required supplement to the grant application for public safety organizations. Please contact the Community Foundation for this supplement.**

## IV. FINANCES/REQUIRED ATTACHMENTS:

### A. **Required Financial Statements for all applicants.**

- All financial statements must be labeled as "Operating Statement", "Balance Sheet", "Current Annual Operating Budget", "Annual Report", or "Audit".
  - Financial Statements must be dated. (eg. Jan. 1, 20xx – Dec. 31, 20xx)
1. Operating Statement for the most recently completed full fiscal year detailing expenses and revenues.

2. Balance Sheet for the most recently completed full fiscal year listing all assets and liabilities. (Audited, if available.) Please identify and explain all reserves.
3. Current Annual Operating Budget.
4. Most recent Annual Report, if available.

**B. Audits.**

1. Required Audits:

**Organizations with \$250,000 or more of liquid assets or liabilities, as well as organizations with annual operating budgets over \$100,000, are required to submit an audit dated within three years of the date of the grant deadline.** (All other organizations are encouraged to submit audits, if available.)

If you do not have the required audit before the grant deadline, you may submit a letter from your auditor stating (a) that your audit process is progressing in a timely manner and (b) the expected completion date.

2. Date Requirements for Annually Audited Organizations:

In the case of an organization which has regular annual audits and requires auditor's entries in order to complete a balance sheet for year end, the organization may submit financial statements which are more than a year old. This means that the organization has a maximum period of 4 ½ months for an auditor to prepare financial statements for the most recent fiscal year.

**C. This section is required for Applications from Teachers, School Departments, Schools, or School Systems:**

1. Per pupil spending budget at school: \$\_\_\_\_\_ (including federal, state & local funds) for school year 2007 - 2008 or 2008 - 2009 (circle applicable time period)
2. Name all line item budget categories and budget amounts applicable to this project. (eg. Classroom Supplies, Math Department, \$\_\_\_\_\_) (eg. Principal's Discretionary Budget \$\_\_\_\_\_)
3. Explain what portions of the named budget categories are available for this project.

**V. INTERVIEW:**

Applicants that are eligible for funding will be scheduled for a short interview with the committee. This is a chance for the committee to become more familiar with your organization and project.

Your organization may bring one or two people to explain your project briefly and to answer questions regarding the application. Please make sure your contact names listed on the application will be easy to reach for scheduling.

Interviews are an integral part of the decision process and the application. If an organization does not send a representative at the arranged time or fails to send a representative with good working knowledge about the grant application and the organization, the interview will be deemed "incomplete" and your application will not be considered for funding.

**VI. OPTIONAL ATTACHMENTS:**

1. We will distribute up to three pages of supplemental material such as newsletters and news articles, brochures, etc.
2. Your application will be stronger if you include one or two letters of support from individuals or other organizations who have or will donate time or money for the proposed project. Please indicate if the letter is from a Board member or staff members. (Only the first two letters will be copied and distributed to the unrestricted grants committee.)

**I certify that the information contained in this proposal is true to the best of my knowledge and I have the authority to commit the organization to this project.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

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

*This form should be signed by your CEO, Executive Director, head of your Board of Directors or Principal.*

Please deliver applications to:

Polk County Community Foundation  
255 South Trade St.  
Tryon, NC 28782

Incomplete, incorrectly formatted, late, emailed or faxed applications will not be considered. All application materials must be submitted together in one package. If you wish, you may schedule an appointment well in advance of the deadline with our Grants Manager. During your appointed time, you may ask the Grants Manager to certify that your application has been turned in on time and is complete.