

Grant Application

Dear Executive Director,

We kindly invite you to review our **Guidelines for Charitable Giving** detailing eligibility requirements and information about our program.

As a Consumer Health Organization committed to delivering solutions that enhance people's lives, our TakeCare Foundation was formed to share our accomplishments with the community we serve. We look forward to providing comfort and peace of mind to everyone, because at TakeCare, Everyone Matters.

If your organization meets the Foundation's eligibility requirements and is relative to one of the five grant making categories, we welcome you to submit a grant proposal. **An application form and checklist are required;** In addition, we **require two complete copies** including all attachments of your proposals containing the information outlined in the guidelines. **INCOMPLETE PROPOSALS WILL NOT BE ACCEPTED FOR FUNDING CONSIDERATION.**

The TakeCare Foundation awards grants on a semi-annual basis:

<u>Proposal Deadlines</u>	<u>Foundation Review</u>	<u>Allocation Committee</u>	<u>Board Review</u>	<u>Agency Notification</u>
Jan 1 July 1	Jan-Feb July-Aug	Mar-Apr Sep-Oct	May Nov	Late June Late Dec

As a company who focuses on community involvement, we look forward to working with you in efforts to better our community for generations to come. If you have any questions or concerns, please feel free to contact the TakeCare Foundation office at 671-646-6956 ext. 7123.

Please Send Proposals to: **Joseph Husslein**
TakeCare Foundation
P.O. Box 6578
Tamuning, Guam 96931

Sincerely,



Joseph Husslein
President
TakeCare Foundation

Grant Application

Date: _____ Amount Requested: _____ Country: _____

Organization: _____ Date Established: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

IRS Number (located on 990 Form): _____ IRS Tax-Exempt Status Letter Date: _____

Required by law to submit IRS Form 990? Yes No, reason: _____

Description of Agency (brief – one or two sentences): _____

Program / Project Name: _____

Program description and how funds will be used (brief – one or two sentences): _____

Population Served (check all that apply):

AIDS Disabled Families General Homeless Men Women

Child/ Youth Seniors Other: _____

Percentage of agency budget spent on:

Direct program Services _____

Fundraising and other _____

Management and general operating expenses _____

TOTAL: 100%

First time submitting a proposal to TakeCare Foundation: Yes No

Last time funded by TakeCare Foundation: Month _____ Year _____

Proposal Checklist

Organization Name: _____

Contact Name: _____ Phone Number: _____

1	TWO COMPLETE SETS (ONE ORIGINAL AND ONE COPY) OF THE FOLLOWING ITEMS ARE REQUIRED FOR PROCESSING.
2	Application Form
3	Cover Letter (1 page)
4	Proposal (2-5 pages)
5	Line Item Budget showing how the funds will be used
6	Current Program and Operating Budget
7	One-Paragraph Summary of previous support from TakeCare Foundation
8	IRS 501 (c) (3) Federal Tax Exemption Letter. If applicable, include the IRS letter confirming any organization name change.
9	Current Audited Financial Statement – If not available, submit written statement indicating an appropriate accounting system has been established, signed by Chairman or CPA.
10	Latest IRS Form 990, including all schedules and attachments – If granted an extension for the current year, include copy of extension form with copy of last IRS Form 990.
11	List of Major Funding received, including sources and amounts
12	List Board of Directors
13	Support Materials (i.e., annual report, brochures, flyers, press clippings) Please do NOT submit video tapes.

*** We Cannot Process Incomplete Proposals. ***