



## Fort Bend Cares 2019 Grant Application

***Fort Bend Cares mission is to provide our community nonprofits with resources to meet the needs of disadvantaged children in our county.***

Eligibility: 501(c)(3) organizations providing programs or services targeted at improving the lives of disadvantaged youth (typically 18 and under) in our community.

The following is required along with the application and must be received by Thursday, January 31, 2019 at 11:59pm to [grants@fortbendcares.org](mailto:grants@fortbendcares.org).

1. Application below including:
  - a. Organization Information
  - b. Grant Proposal Information
  - c. Board Chairperson & Executive Director Signatures
2. A statement on your organization's letterhead signed by the Executive Director that there has been no change in the organization's current IRS status.
3. A copy of your proposed project budget, including funding sources (committed and pending). Sources of committed and pending funds should include the names of funders and the amounts awarded, pledged or requested.
4. A copy of your most recent financial statements, including a statement of financial position (a balance sheet) and a statement of revenues and expenses.
5. A copy of your latest IRS Form 990 (including all supporting schedules and Schedule A).
6. *\*New Applicants\** - A copy of the latest IRS Tax Exempt Determination Letter stating that your organization is not a private foundation and that it has Internal Revenue Code section 501(c)(3) status. *Repeat applicants are not required to submit this.*
7. *\*Previous year recipients\** - A completed Year-end Grant report turned into Fort Bend Cares by 12/31/2018.

Fort Bend Cares typically places an emphasis on newer, smaller charities focusing on basic physical, emotional or educational needs.

**Please note:**

- **All information must be submitted electronically.**
- **All information must be completed for grant consideration.**
- **Please note Field sizes are restricted - if you need additional space, please provide an additional page(s).**



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## I. Organization Information

<b>Legal Name of Organization:</b>	
<b>Employer Identification Number:</b>	
<b>Street Address, City and Zip:</b>	
<b>Mailing Address, City and Zip:</b>	
<b>Name of Primary Contact:</b>	
<b>Primary Contact Phone:</b>	
<b>Primary Contact Email:</b>	
<b>Organization Website:</b>	
<b>Year Organization Established:</b>	
<b>Organization's Total Budget:</b>	
<b>Organization's MISSION:</b>	
<b>Give a brief overall description of your organization:</b>	



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Describe any ongoing collaboration with other organizations:

Are there any other nonprofits or governmental organizations doing this work (project)? If yes, please provide their name and location in Fort Bend County.

### II. PROGRAM/PROJECT Information

PROGRAM/PROJECT Name:

Amount Requested from FORT BEND CARES:

\$

Total PROGRAM/PROJECT Cost:

\$

Overall Length of the PROGRAM/PROJECT  
(days/weeks/months):

Time frame for use of grant funds  
(Note – we ask that funds are used by Dec 31)

If you do not receive a grant from FORT BEND CARES, how will you be able to carry out the project?



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**Brief SUMMARY of the PROGRAM/PROJECT:**

**What age groups of children and/or youth will benefit from the project/program?**

**How many children for the grant amount requested will be directly impacted?**

**How many Fort Bend Children, in total, do you care for annually?**



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**Briefly describe how the PROGRAM/PROJECT meets one or more of the following needs: Basic (Physical), Emotional, Educational, Recreational, and/or Other need:**

**Describe how the program/project provides a long-term benefit to Fort Bend community:**



**III. Board Chairperson and Executive Director Information**

<b>Name of Board Chairperson:</b>	
<b>Signature:</b>	
<b>Business Affiliation (if applicable):</b>	
<b>Title:</b>	
<b>Mailing Address, City and Zip:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Name of Executive Director:</b>	
<b>Signature:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Names of all other Board members:</b>	

**Please submit the completed application and required supporting documents, electronically to [grants@fortbendcares.org](mailto:grants@fortbendcares.org). Upon receipt of documents, you will be sent a confirmation email. If no confirmation email is received within 48 hours, please call 832-819-2005 for verification.**

*Questions? Contact Executive Director, Angel Tapia at [angel@fortbendcares.org](mailto:angel@fortbendcares.org) or Patty Ward, Grants Committee Chairperson, at [grants@fortbendcares.org](mailto:grants@fortbendcares.org) .*