

2018 HAND-UP GRANT APPLICATION INSTRUCTIONS
SUBMIT ALL DOCUMENTS IN ONE PDF



1. **Complete the Grant Application**
2. **Explain the immediate need:** Briefly explain the immediate need and the avenues that have been expended in finding a resolution to the immediate need.
3. **Attach the following to your Grant Application:** These documents need to be in PDF format.
 - a. Organization’s IRS 501(c)3 Determination Letter
 - b. Board of Directors Listing
 - c. Organizational By-Laws
 - d. Invoice for Expense
 - e. Copy of Client’s Paystubs
 - f. Copy of Client’s Proof of Government Assistance
 - g. Copy of Client’s Proof of Residence in Charlotte County
 - h. Client’s Confidential Information Release Form

CHARLOTTE COMMUNITY FOUNDATION
2018 HAND-UP GRANT APPLICATION

| Organization Information | |
|--|--|
| Organization Name | |
| Organization Representative | |
| Title | |
| Address | |
| City, State, Zip | |
| Telephone | |
| Email | |
| Organization Services | |
| Organization FEIN | |
| Number of board members that reside/work in Charlotte County | |
| Client Information | |
| Name | |
| Address | |
| City, State, Zip | |
| Telephone | |
| Email | |

| | |
|---|---|
| Last 4 digits of SSN | |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Employment Status | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed |
| Dependents | <input type="checkbox"/> Yes <input type="checkbox"/> No Number: Ages: |
| Military Service | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income | |
| Qualifies for Government Programs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Housing | <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: |
| Fulltime Charlotte County Resident | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has received a grant from CCF within the past 3 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Expense | |
| Amount of Expense | |
| Immediate Need | |
| Explain details of immediate need | |
| Use of Funds | <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Security Deposit (HUD Only) <input type="checkbox"/> Child care <input type="checkbox"/> Utilities/New Account/Deposits Electric Disconnections w/future Management <input type="checkbox"/> Auto Repair (for work) <input type="checkbox"/> Transportation (for work) <input type="checkbox"/> Clothes/Tools (for work) <input type="checkbox"/> Emergency Food/Special Needs <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Other _____ |
| Signature of Client | |
| Signature of Organization Representative | |

Release of Information

AGENCY NAME: _____

Client's Full Name: _____

CIS ID# _____

Family Household Information

| First & Last Name | SSN | D.O.B | Race/Ethnicity | Relationship |
|-------------------|-----|-------|----------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

This form documents my permission for _____ to share my personal records with Charlotte Community Foundation. The purpose of sharing my personal records is to help Charlotte Community Foundation determine what services I have and if I am eligible for the services that are provided to me.

My records may include current and updated information about me and my household such as name, address, employment, gender, race, non-health services such as food, clothing, housing and financial assistance, and about services that I receive from participating agencies.

I understand that by signing this document I authorize the disclosure and sharing of the above listed types of information to Charlotte Community Foundation.

Client Signature

____/____/_____
Date

Agency Witness

____/____/_____
Date

For parent, Guardian or Personal Representative of Client under the age of 18 or unaccompanied youth (if applicable):

Signature

Relationship to Client

____/____/_____
Date