



2017 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:**
 - a. Organization's IRS 501(c)3 Determination Letter
 - b. Board of Directors Listing
 - c. Organizational By-Laws
 - d. Proposal and/or Invoice for Expense
 - e. Copy of Client's Paystubs (four weeks of most recent paystubs, SSI/SSDI, unemployment, etc.)
 - f. Copy of Client's Proof of Government Assistance (food stamps, TANF, etc.)
 - g. Copy of Client's Proof of Residence in Charlotte County (recent mail/bill/voter registration card, etc.)
 - h. Client's Confidential Information Release Form/ Release of waiver
4. **Scan all documents into ONE PDF**

CHARLOTTE COMMUNITY FOUNDATION 2017 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
Dependants	<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
Client 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	