BREAKFAST EXCHANGE CLUB OF BILLINGS FOUNDATION

**GRANT APPLICATION GUIDELINES**

**Due April 30th each calendar year**

THE NATIONAL EXCHANGE CLUB *America’s Service Club* is a group of men and women working to make America a better place to live through one national project -- Prevention of Child Abuse, and other community service projects.

The Breakfast Exchange Club of Billings Foundation was established exclusively for charitable, religious, education, scientific or literacy purposes including the making of distributions to organizations that qualify as exempt organization under Section 501(c)3 of the Internal Revenue Code and its corresponding regulations.

The Board of Directors of the corporation consists of five (5) members: three members of the Breakfast Exchange Club of Billings and two at large who are not members of the Breakfast Exchange Club of Billings.

The Board of Directors is vested with the authority to select annual recipients. The Board has the discretion to determine the amount of funding available from the Endowment Fund.

FOCUS AREAS: In keeping with the national emphasis of the Exchange Clubs of America, our focus areas are children and youth with an emphasis in:

* The prevention of child abuse
* The developmentally disabled
* Youth at risk
* Youth development

LIMITATIONS: The limitations placed on grant recipients or requests are as follows:

* The requesting organization or requested project must be located in Yellowstone, Big Horn, Carbon, Musselshell, or Stillwater County, Montana.
* Due to the large number of grant requests received by the Breakfast Exchange Club of Billings Foundation we will not entertain requests asking for multi-year commitments.

GRANTS NOT CONSIDERED: The Foundation will not award grants to organizations or for the uses listed below:

* Political organizations, candidates and campaigns
* Propaganda campaigns for political causes or lobbying activities
* Churches, conventions or associations of churches
* Endowment funds
* Non-charitable organizations, even if the grant is intended to be used for charitable purposes
* Private operating and non-operating foundations
* Loans to individuals
* Conferences, symposiums or travel expenses
* Corporate memberships or contributions to associations that directly benefit corporate entities
* Fund-raising events such as dinners, auctions or promotions
* Debt retirement
* Hiring of Personnel

COMPLETING THE PROCESS

1. Copies of the grant application and typewritten summary pages with one set of supporting evidence as required, are to be mailed to:

**Breakfast Exchange Club of Billings Foundation**

**P.O. Box 80392**

**Billings, MT 59108-0392**

1. Complete grant application cycle deadline is:

April 20th (for June Disbursement)

Applications must be postmarked by the above date and received no later than one week afterward for consideration with the current funding cycle.

INCOMPLETE APPLICATIONS: Incomplete applications will not be considered and will be returned to grant applicants. Grant applicants can apply in the next funding cycle.

NOTIFICATION OF GRANT AWARDS: The Board will send a written response to grant applicants by June 30th of the current year. The Board may, at its discretion, give priority to time-sensitive grant awards.

ANNUAL REVIEW: The Board may request documentation from grant recipients confirming the uses to which grant(s) monies have been utilized. All grant recipients must consent to the Board’s use of their names and purposes in publicizing grant awards.

**HOW TO APPLY**

GUIDELINES:

Before applying, an organization should review the information in these guidelines to determine whether it is the type of organization that is eligible for a grant from the Breakfast Exchange Club of Billings Foundation. A budget for the specific project/program must be included with the application.

INSTRUCTIONS:

Please answer each question within the space provided. Attach the information requested under “ATTACHMENTS”. All applications not prepared according to these instructions will not be considered/acted upon and will be returned to the applicant(s).

BREAKFAST EXCHANGE CLUB OF BILLINGS FOUNDATION

**GRANT APPLICATION**

ORGANIZATION NAME

ORGANIZATION NAME as shown on 501(c)3 IRS letter

ADDRESS       CITY       ST    ZIP

CONTACT PERSON

CONTACT PERSON’S TITLE       PHONE (xxx) xxx-xxxx

CONTACT’S EMAIL ADDRESS:

PROJECT/PROGRAM TITLE & BRIEF DESCRIPTION (no more than twenty-five (25) words)

GEOGRAPHIC AREA TO BE SERVED

CLIENT GROUP TO BE SERVED       SIZE OF GROUP

ANTICIPATED PROJECT/PROGRAM PERIOD: Click here to enter a date. TO Click here to enter a date.

TYPE OF REQUEST: Choose an item.

TOTAL BUDGET OF PROJECT/PROGRAM:

AMOUNT REQUESTED FROM THE BREAKFAST

EXCHANGE CLUB OF BILLINGS FOUNDATION:

A budget for the specific project must be included with the application.

1. PURPOSE: Include your Mission Statement, and what this project will specifically accomplish?

1. OUR FUNDS: Specifically, if funded, how will our grant be used?

1. RELEVANCE:

a. How does this project comply with the Breakfast Exchange Club of Billings Foundations focus areas?

b. Describe how your project/program will specifically make a difference in our community:

1. APPROACH: How do you plan to implement this project?

1. FINANCIAL SUPPORT: What local financial support have you received to date for this project?

1. DUPLICATION: What other organizations have similar goals and what steps have been taken to reduce/avoid duplication of services

1. NEED: What are the problems that this project/program will try to solve?

1. EVALUATION: How will you determine that the project/program is working and that it accomplished its purpose?

1. FUTURE SUPPORT: How will this project/program be funded in the future, if it exceeds your projected timeline?

1. COMPETENCE: What evidence can you give of the ability of your organization and personnel to implement this project/program successfully?

1. OUTSIDE CONSULTANTS: (Is the campaign for this request under either the direct or indirect supervision or influence of a non-staff contracted fund-raising organization?) Choose an item.

If yes, please provide the following information:

 Organization:

Contact Person:       PHONE (xxx) xxx-xxxx

 ADDRESS       CITY       ST    ZIP

Describe the amounts and conditions for payment to the fund-raising organization(s) named above for all services rendered:

1. PERCENTAGE OF DONATIONS RECEIVED DURING THE PREVIOUS YEAR FROM:

     % Private Donations     % Governmental Funding

1. Is your organization funded in any manner by the United Way? Choose an item.
2. If yes, what is the reason for the current request to the Breakfast Exchange Club of Billings Foundation?

 **The Applicant Organization must be a Section 501(c)3 organization that is not a private foundation.**

**SUBMITTED BY**

*(print)* NAME:

 SIGNATURE:

TITLE:       DATE: Click here to enter a date.

ATTACHMENTS

1. A “tax determination letter” from the Internal Revenue Service (IRS) verifying its’ tax-exempt status.
2. A budget for the specific project/program.
3. A list of your Board of Directors

**ADDITIONAL INFORMATION MAY BE REQUESTED**

A physical copy of the completed application shall be mailed to:

**Breakfast Exchange Club of Billings Foundation**

**P.O. Box 80392**

**Billings, MT 59108-0392**