**GRANT GUIDELINES**

The Lawrence Township Community Foundation is looking to fund projects that impact the quality of life and well-being of the residents of Lawrence Township. In determining each grant, the Foundation will consider many tangible and intangible factors, including, but not limited to, the following:

1. Merits of the project
2. Impact on the quality of life for Lawrence Township residents
3. How broad the potential impact may be
4. The amount of the grant request, the merits of competing grant requests, and the Foundation’s available funds

Any nonprofit organization that is based in Lawrence Township, or broadly serves the residents of Lawrence Township and enhances community life, is eligible to submit a grant request. Every organization requesting a grant must certify its classification as a 501(c)(3) organization as designated by the Internal Revenue Service.

A grant request may be submitted for any amount up to $5,000. A specific project will not receive more than $5,000 in one calendar year. Organizations may submit an application in the next grant cycle, but it must be for a new project. In most cases, grant awards do not exceed $10,000 in a calendar year to any one organization. However, the Foundation reserves the right to make exceptions, when in its judgment, the needs of the Township and the services provided by the grant recipient are particularly strong. Priority will be given to projects that meet new, emerging needs in Lawrence Township, rather than underwriting expenses in annual operating budgets.

This grant must directly benefit the residents of Lawrence Township. The grant request should provide a clear description of how this will happen, and must include:

* Detailed description of the project being funded
* Project budget and description of work to be performed, measurable goals, action steps and/or any items to be purchased
* Details of the organization
* Organization budget and a copy of the organization’s 501(c)(3)
* Population benefitted by the Grant Proposal and approximate number of participants
* Expected number of Lawrence Township residents to be served, and/or expected percentage of Lawrence residents among total program participants

Funders of the Lawrence Township Community Foundation – Bristol Myers-Squibb, Educational Testing Service, The Lawrenceville School and Rider University – support our efforts with the expectation that most projects benefiting the Township and its residents will be funded through the LTCF. Organizations seeking significant funding or support for projects that benefit Township residents as well as nonresidents should contact BMS or ETS to determine whether it would be in the applicant’s best interest to seek funding directly from those organizations.

In addition, for prior LTCF Grant Recipients, a progress report for the last grant received must be included with the new grant request (if one has not been sent previously).

The Foundation does not fund:

* Building renovations, new facility construction, capital expenses
* Endowments
* Political lobbying activities or other political purposes
* Dinners, galas or other ticketed events
* Programs fundable under the guidelines of the Lawrence Township Education Foundation
* Individuals for any purpose
* Projects for religious purposes

A grant request for the Spring Cycle must be submitted by March 15 and for the Fall Grant cycle by October 15, to the following address: Lawrence Township Community Foundation, PO Box 6707, Lawrenceville, NJ 08648 or in electronic format via email to ltcfnj@gmail.com.

Decisions will be made on the Spring grant requests by May 1 and on Fall grant requests by December 1. Funding will be made available to successful applicants approximately 15 days later at the Grants Award Ceremony.

Please feel free to contact a Grant Buddy or any member of the Foundation for grant assistance.

# A. GRANT OVERVIEW

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| --- | --- |
| **Organization Applying for Grant** | |
| Legal name of organization: | |
| Mailing address: | Website: |
| Telephone: |
| **Organization’s Contact Information** | |
| Name: | Email: |
| Title: | Telephone: |
| **Summary of Grant Proposal and Expected Benefits** | |
| Brief description of project or initiative for which funding is requested (1-2 paragraphs, 300 words max): | |
| Approx. no. of Lawrence Twp. residents expected to benefit: | |
| **Funding Request and Budget Information** | |
| Amount of grant request: | Total organizational budget (current year): |
| If requesting support for specific project, please provide the following: | |
| Total project budget: | Dates covered by project budget (mo/day/year – mo/day/year) |
| Has your organization previously received a grant from the LTCF?  Yes No | |
| If yes, please indicate when funds were received by LTCF and the activity they supported: | |
| **Confirmation of Non-Discrimination Policy** | |
| I confirm that my organization has a policy of non-discrimination against persons with regard to race, religion, color, national origin, sex, age, sexual orientation, marital status, physical or mental disability or veteran status. | |

# B. GRANT REQUEST DETAILED DESCRIPTION

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| Brief Description of Organization |
|  |
| Full Description of Grant Proposal and Expected Benefits |
| Section 1 - Purpose of grant: |

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| --- |
| Section 2 - Goals and objectives to be achieved: |
| Section 3 - Action steps planned to reach goals and objectives: |
| Section 4 - Proposed timeline for grant implementation: |
| Section 5 - How the grant money will be spent, e.g., items to be purchased: |
| Required Supplemental Material |
| Please include the following attachments: |
| Organization budget (Please identify all funds received from Bristol Myers-Squibb and Educational Testing Service) |
| Project budget, including all other anticipated funding sources, including in-kind resources pending or received |
| Copy of organization’s IRS 501(c)(3) determination letter indicating your agency’s tax exempt status |
| If applicable, a “Progress Report Form” describing status of an effort which LTCF funded previously. |

# GRANT PROGRESS REPORT

|  |  |
| --- | --- |
| **Organization Awarded Grant** | |
| Legal name of organization: | |
| **Organization’s Contact Information** | |
| Name: | Email: |
| Title: | Telephone: |
| **Previous Grant Information** | |
| Grant Cycle:  Spring of ( ) Fall of ( ) | Grant Amount Awarded: |
| Approx. no. of Lawrence Twp. residents expected to benefit: | |
| **Scope and Impact** | |
| Number of staff involved (if any): | Number of volunteers involved (if any): |
| Approx. number of participants benefitting from the grant funds (Include number of Lawrence  Township residents served, and/or expected percentage of Lawrence residents among total program participants.) | |
| How did you use the grant received to benefit Lawrence Township? (Include the measurable results you have seen or expect to see as a result of this grant.) | |
| **Additional Comments** | |
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