THE R. C. SMITH FOUNDATION, INC.

c/o Richard M. Runyon, Administrator

PO Box 552, Norwich, NY 13815 or

35 West Main Street, Norwich, NY 13815

rcsmithfoundation@frontiernet.net

(607)336-5850

**GRANT APPLICATION**

1. Organization, address and telephone number:

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1. Please provide the contact person by name, address and phone number and the person responsible for administrating the grant proceeds.
2. Identify the specific purpose and amount of your request, who it will benefit and how it relates to your not-for-profit purpose. If the organization is not the applicant, please explain.
3. Submit a narrative or organizational material to describe your purpose, programs and abilities to carry out the proposed activities.
4. Is the organization incorporated as a nonprofit entity under New York State law?
5. Does the organization have a determination letter from the IRS stating that it is a 501(c)(3) entity? If yes, please attach a copy. If no, please be advised that the Foundation does not give grants to entities without that status. The determination letter is **not** your tax exempt status from NYS sales tax.
6. Please specify whether the organization is classified as a 509(a)(1) or 509(a)(2) or 509(a)(3) entity. Your determination letter will identify which of the sections apply to your organization.
7. Submit a list of Board Members and Officers.
8. Attach copies of the following pages from your most recent IRS Form 990; page 1, 7, 9, 10 & 11. If IRS Form 990 EZ; please submit pages 1, 2, 3 and Federal Statements.

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1. Submit a copy of your most recent budget.
2. Please list any other foundation awards or United Way monies received within the past 12 months. Has this proposal been or is it being considered by any other funding sources? If so, please provide the name and amount requested.

 12. Current financial information.

Assets

 Checking/Savings Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*Investment accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*Endowments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*Trust for which you are beneficiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Liabilities

 Current (less than one year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Long Term (more than one year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Will you be using any of the assets with an asterisk (\*\*) above in

support of the project subject of this application? If so, how much?

If not, please explain.

Your answers may be given on a separate sheet using corresponding

question numbers. Attach any other information you deem necessary.

Please submit 10 full copies of the completed application and any attachments.

I attest to the accuracy of all information submitted as part of this application and the authority to submit same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Title Date

Rev. 12/2024