

The Bear Family Foundation, Inc.

OUR MISSION

To initiate a family tradition of philanthropic giving through financial donations and volunteerism to our communities from generation to generation. To help support quality non-profit organizations which better the lives of those with needs living in Northwest Florida.

GRANT APPLICATION 2020

Application must be received by November 1, 2020

Please do not staple pages together

MAIL TO:

Bear Family Foundation

c/o Cindi F. Bear

6120 Enterprise Dr.

Pensacola, Florida 32505

Eligibility and Guidelines

For questions regarding the grant process contact: CindiFBear@aol.com. Organizations eligible to apply for funds from the Bear Family Foundation must meet the following criteria:

- Tax-exempt public charity under section 501(c) (3) of the Internal Revenue Code. Please include a copy of your 501(c)(3).
- Based in Northwest Florida, or a recognized local chapter of a state or national charity serving this region
- Registered with the Florida Division of Corporations as a non-profit corporation

Organization's

Legal Name _____

Organization's Name *(DBA, if different from above)* _____

Executive Director *(please print)* _____

Chairman of Board of Directors *(please print)* _____

Contact Person *(name):* _____ **Email Address:** _____

Website *(if applicable):* _____ **Contact Phone:** _____

Organization's Mailing Address

Street

City State Zip

The Bear Family Foundation, Inc.

CERTIFICATION:

The organization listed and its Board of Directors, authorize submission of this funding proposal. Its tax exempt status under Internal Revenue Code Section 501(c)(3) has not been revoked or modified. We certify that, to the best of our knowledge, the statements contained in this application are true, correct and complete.

Executive Director:

Board of Directors Chairperson:

Signature _____

Signature _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

ORGANIZATION INFORMATION:

*Limit up to three supporting documents about your organization
Additionally, attach a current list of your organizations Board of Directors

Name of Organization: _____ Year Founded: _____

Summary of Organization's History: _____

Organization's Mission Statement: _____

Amount requested: \$ _____

Geographic Area Served: _____

Percentage of Directors who contributed financially to the organization in the last 12 mo. _____

Number of Directors on Board: _____ Number of Employees - Full-time: _____ Part-time: _____

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YOUR NON-PROFIT ORGANIZATIONAL BUDGET

	Estimated 2020	Previous Year 2019	Previous Year 2018
BEGINNING CASH BALANCE:			
Government grants (specify)			
Government contracts (specify)			
Foundations			
Corporations/Businesses			
Civic or Community Groups			
United Way			
Individual Contributions (excluding Board of Directors)			
Board of Directors Contributions			
Fundraising activity (events)			
Membership Income			
In-kind Support			
Investment Income			
Endowment Earnings			
Earned Income			
Other (specify)			
Total Revenue			
Salaries and Wages			
Employee Benefits and Taxes			
Consultants and Professional Fees			
Fundraising Costs			
Travel			
Equipment/Supplies/Printing/Copying			
Communication (phone, fax, website)			
Postage and Delivery			
Rent and Utilities			
Marketing and Promotion			
Depreciation			
Other (specify)			
Total Expenses:			
ENDING CASH BALANCE:			