

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.

2025 Grant Application

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
- 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
- Application must be received by Oct 1 Oct 15, 2025

☐ Completed Grant Application (do not staple pages

Checklist

together, must be received by Oct 1 – Oct 15, Copy of your 501(c)(3) Current list of your organization's Board of D (limit one page) Project Narrative (limit 500 words or less)	c/o Cindi F. Bear
Contact Information	
Organization Legal Name and DBA (if applicable)	
Executive Director (please print)	
Chairman of Board of Directors (please print)	
Contact Person (please print)	
Contact Phone	Contact Email
Website	
Mailing Address	Street Address

The Bear Family Foundation, Inc. 2025 Grant Request	(Print Organization Name)	
Certification		
exempt status under Internal Revenue Code Se	ors, authorize submission of this funding proposal. Its tax ection 501(c)(3) has not been revoked or modified. We tatements contained in this application are true, correct	
Executive Director:	Board of Directors Chairperson:	
Signature	Signature	
Print Name	Print Name	
Date	Date	
Organization Information		
Name of Organization	Year Founded	
Summary of Organization's History (limit 100 w	ords or less)	
Organization's Mission Statement		
Geographic Area Served	Amount Requested \$	
Percentage of Directors who contributed finance	·	

The Bear Family Foundation, Inc.	3			
2025 Grant Request	(Print O	rganization Name)		
# of Directors on Board	# of Employees: Full-time	Part-time		
Specify Your Request for Be	ear Foundation Funds			
When submitting a request for funding, we This should outline the purpose of the proj achieve, and how the requested funds will understand your work and evaluate how it	ject, the community or population in be used. Providing this information	t will serve, the goals you hope to will help our foundation better		
Brief Narrative (limit 500 words or less) ₋				

(Print	Organ	nization	Name)

Your Non-Profit Organizational Budget

	Estimated 2025	Previous Year 2024
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:		