



Hardin Construction Associates Charitable Foundation, Inc.

**HARDIN CONSTRUCTION ASSOCIATES CHARITABLE FOUNDATION**

## MISSION

The HCACF is an associate-run nonprofit 501(c)(3) corporation. Its mission is to fund activities and programs undertaken by other nonprofit organizations that improve the quality of life in the communities where Hardin lives and works.

## GIVING GUIDELINES

The giving guidelines are set by the Foundation's Board of Directors and reviewed annually. The current guidelines are as follows:

*Grant requests up to \$3,000 will be considered.*

## HOW GRANTS ARE MADE

Nonprofit organizations wishing to be considered for funding must first complete the Grant Application and submit it with the required attachments to the Foundation's administrative office. The address is on the bottom of the form.

The application will be reviewed for compliance with the giving guidelines, and if all requirements have been met, will forward the application to the Board.

Board of Directors may request additional information. It can recommend funding (and the funding amount), recommend denial of funding, or recommend that the grant be reconsidered during the following quarter. Applications recommended for funding are placed on the agenda for the next Board of Directors meeting.

The quarterly grant application deadlines are:

- February 28
- May 31
- August 31
- November 30

Applications received after these dates will be considered during the following quarter.

## ATTACH APPROPRIATE DOCUMENTATION

A copy of the organization's current board of directors list and its 501(c)(3) Tax Exemption letter are required. Grant applications received without these documents will not be considered.

## Important requirements for the 501(c)(3) Tax Exemption Letter.

The name and address of the requesting organization must be exactly the same on the Grant Application and the Tax Exemption letter.

Applications must be sent to  
**HARDIN CONSTRUCTION ASSOCIATES CHARITABLE FOUNDATION**  
P.O. Box 672663, Marietta, GA 30006



# HCACF Request for GRANT APPLICATION

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Key Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**\* Please attach 501(c)(3) Tax Exemption Letter and previous year Tax Return. This information must be included to have application considered.**

Have you solicited/received assistance from the Hardin Construction Associates Charitable Foundation before?  
 Yes  No If so, indicate date and amount \_\_\_\_\_  
If applicable, please provide the name of the Hardin Associate that referred you to the foundation.  
\_\_\_\_\_

**1.** To your knowledge, does any Hardin Construction Company employee (or family members of employee) receive your services?  
 Yes Number of employees served \_\_\_\_\_  
 No

**2.** Are there any employees (or family members of employees) of Hardin Construction Company associated with your agency?  
 Yes  
 No

**If yes, give name(s) and affiliation.**  
(Please note if any of these employees are on the Board of Directors).

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. SOURCES OF INCOME:** PREVIOUS YEAR \$ \_\_\_\_\_ CURRENT YEAR PROJECTION \$ \_\_\_\_\_

TOTAL INCOME:	PREVIOUS YEAR	CURRENT YEAR PROJECTION
A. Fund Raisers	\$ _____	\$ _____
B. Corporate Donations	\$ _____	\$ _____
C. Grants	\$ _____	\$ _____
D. United Way	\$ _____	\$ _____
E. Private Sources	\$ _____	\$ _____
F. Government Agencies	\$ _____	\$ _____
G. Other	\$ _____	\$ _____

**II. EXPENSES:** PREVIOUS YEAR \$ \_\_\_\_\_ CURRENT YEAR PROJECTION \$ \_\_\_\_\_

TOTAL EXPENSES:			NUMBER OF EMPLOYEES	
A. SALARIES/COMPENSATION	PREVIOUS YEAR	CURRENT YEAR PROJECTION	PREVIOUS YEAR	CURRENT YEAR PROJECTION
1. Board of Directors	\$ _____	\$ _____	_____	_____
2. Full Time	\$ _____	\$ _____	_____	_____
3. Part Time	\$ _____	\$ _____	_____	_____
4. Volunteer	.....	.....	_____	_____
<b>B. OTHER</b>	PREVIOUS YEAR	CURRENT YEAR PROJECTION		
1. Leases/Rents	\$ _____	\$ _____		
2. Utilities	\$ _____	\$ _____		
3. Supplies	\$ _____	\$ _____		
4. Food	\$ _____	\$ _____		
5. Medical	\$ _____	\$ _____		
6. Clothing	\$ _____	\$ _____		
7. Education	\$ _____	\$ _____		
8. Other	\$ _____	\$ _____		
Total	\$ _____	\$ _____		

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. CAPITAL:** PREVIOUS YEAR \$ \_\_\_\_\_ CURRENT YEAR PROJECTION \$ \_\_\_\_\_

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. HOW WILL THE FUNDS BE USED?** *Please check all that apply*

- A. Salaries/Compensation  Explain \_\_\_\_\_
- B. Operating & Maintenance Expenses  Explain \_\_\_\_\_
- C. Capital  Explain \_\_\_\_\_
- D. Other  Explain \_\_\_\_\_

**IV. QUESTIONS ABOUT THE ORGANIZATION:**

1. What is your organization's Mission Statement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Describe the services that the organization provides to the community: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. What city, state and county do you serve? \_\_\_\_\_  
 \_\_\_\_\_

4. What other agencies in your area provide similar services? \_\_\_\_\_  
 \_\_\_\_\_

5. Are there any limitations as to who can receive your services?  
 Yes  No *If yes, explain:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. What percentage of operating per dollar are donated?		7. How many people does your organization serve annually?	
PREVIOUS YEAR	CURRENT YEAR PROJECTION	PREVIOUS YEAR	CURRENT YEAR PROJECTION
\$ _____	\$ _____	_____	_____

8. How much of every dollar raised is directed to programs? \_\_\_\_\_  
 \_\_\_\_\_

9. How much of every dollar raised is used for fundraising and administration? \_\_\_\_\_  
 \_\_\_\_\_

10. Please list the name of current board members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Does your organization receive funds from The United Way and are you on the United Way Preferred List of Agencies?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Please describe other factors, conditions, or circumstances that the Foundation should know to facilitate approval:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_