



COMMUNITY GRANT

GUIDELINES & APPLICATION PROCEDURES

OVERVIEW

CMX Community Foundation was formed by CMX. In forming the Foundation, the CMX Board of Directors believed that such a charitable foundation was consistent with the company's long-standing commitment to community service. The establishment of the Foundation re-emphasized the company's local orientation and community focus. Additionally, the use of the new Foundation created an even stronger tie between the company and its community, with each benefiting from the other's potential prosperity as greater resources would be available to the community commensurate with the performance of the company in the market.

The Foundation is governed by a Board of Trustees responsible for establishing the policies for grants or donations consistent with the stated purpose for which the Foundation was established.

The Board of Trustees of the Foundation considers requests for grants from eligible organizations, which can demonstrate an ability to cost effectively deliver services and benefits, which meet the needs of the local community.

STATEMENT OF PURPOSE AND FUNDING PRIORITIES

The Foundation conducts its affairs as a private foundation, exclusively for charitable and educational purposes, and makes grants to organizations that qualify as exempt organizations under the Internal Revenue Code of 1986, as amended.

CMX Community Foundation gives consideration to **Community Grant** applications in the company's service area and its neighboring communities that benefit: children, education, recreation, healthcare, and community involvement. Grant requests cannot exceed \$2,500.

APPLICATION PROCESS

To be considered for funding, the applicant organization must meet all of the eligibility criteria outlined on the Application Checklist, provide the required documentation, and submit a fully completed copy of the attached application. Applicant organizations should maintain a primary base of operations in the company's service area and must commit to use any funds received from the Foundation for the benefit of the residents within the company's service area. Incomplete submissions will not be considered and may, at the discretion of the Foundation, be dismissed or declined.

Community Grant requests are considered on a rolling basis and there are no deadlines for submissions. Due to the volume of requests considered, the Foundation does not comment or provide feedback on grant requests that are declined. Therefore, we kindly request no phone calls for this purpose.

Funds must be used for the express purpose awarded and any contemplated alternative use of such funds must be requested in writing and re-approved by the Foundation.

Applications and inquiries should be submitted to:

Patrice Malleus, Chair
CMX Community Foundation
200 State Highway Nine
P.O. Box 900
Manalapan, New Jersey 07726
Telephone: (732) 577-9000
Fax: (732) 577-9888
pmalleus@cmxcommunityfoundation.org

COMMUNITY GRANT

CMX COMMUNITY FOUNDATION APPLICATION

INSTRUCTIONS

Please read this document carefully and be sure to review the **Community Grant** Guidelines & Application Procedures before completing this application. You may reproduce this form on your computer or type in the requested information. Please keep your answers as brief as possible and limit attachments to only those pertaining to the specific program/project for which you are requesting a grant. Grant request cannot exceed \$2,500.

I. **Organization Information**

Organization's Legal Name: _____

Address: _____

Phone: _____

Fax: _____

Is your organization currently up-to-date with your Charitable Registration? (You must re-file annually in New Jersey and Pennsylvania.)

_____ Yes _____ No If no, when did you last file? _____

New Jersey/ Pennsylvania/ New York Charitable Registration Number: _____

Federal Tax Identification Number: _____

Is your organization a 501(c)3? _____ Yes _____ No

Does your organization maintain a primary base of operations in the CMX service area and would you commit to use funds awarded in this service area? (Please visit the company web site at www.cmxengineering.com for a complete listing of our service area.)

_____ Yes _____ No

Briefly describe your organization's mission and date it was founded: _____

What is your organization's annual operating budget and what are your main sources of funding?

II. Contact Information

Executive Director: _____

Telephone and Extension: _____ Fax: _____

Email: _____

Person Completing the Application: _____

Telephone and Extension: _____ Fax: _____

Email: _____

III. Grant Request Information

Requested funds would support *(please check all that apply)*:

_____ Existing Program Support

_____ New Program Start-Up

_____ Special Project/One-Time Need *(Capital Campaign/Improvements/Equipment Purchase)*

Program/Project Title: _____

Program/Project Start Date: _____ Program/Project End Date: _____

Requested Amount: \$ _____

Total Program/Project Budget: \$ _____

(Attach a complete program/project budget breakdown. Include bids if funding is requested for a capital project or equipment purchase.)

Summarize the purpose of your request and how specifically a grant from the CMX Community Foundation would be used to support this program/project:

Briefly describe the problems, needs and issues this request addresses:

Briefly describe the population your organization serves and how many will benefit from this program/project grant?

Describe how you will measure and evaluate the program/project's activities and effectiveness to determine whether it is a success:

Explain how the program/project will be supported after termination of this grant:

If this is a collaboration program/project, briefly describe your organization's partners:

List other private and public funding sources that have been received to-date for this particular program/project:

List other private and public funding sources to which you have applied for this program/project and the status/date, which you expect responses:

Application Checklist

Please review, initial and attach all required documentation and submit with your request for funding. Be certain to have your Chief Executive Officer or Board President sign and date the Authorization.

_____ Articles of Incorporation (*must be a registered copy*).

_____ Application (*signed and dated by the Chief Executive Officer or Board President*).

_____ Audited Financial Statement or IRS Form 990 (*Must be for the most recently completed fiscal year. If you are within six months of the close of your organization's prior fiscal year and your Audit/IRS Form 990 is currently underway, we will provisionally accept the prior year. Any award would be contingent upon the submission and satisfactory review of the final Audit/IRS Form 990.*).

_____ Board of Directors List for the current fiscal year (*must use the template provided*).

_____ IRS Tax-Exempt Determination Letter.

_____ Letters of support (*if collaborating with other organizations*).

_____ Program/Project Budget (*for the current operating year, including income and expenses and projected sources of income*).

_____ Use of Funds Report (*if previously awarded a grant*).

Authorization

The undersigned certifies that they are authorized to represent the organization applying for a grant and that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded: (1) the grant will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from the CMX Community Foundation, and (2) information about the organization and the grant may be used by the CMX Community Foundation in any published materials or for publicity purposes.

Signature of Executive Director or Board Chair

Date

BOARD OF DIRECTORS

For Business Year: _____ to _____

Agency Name: _____

Name: _____

Primary Company/ Community Affiliation: _____

Company Address or Home Address if None: _____

Company or Home Phone Number: _____

Email: _____

Name: _____

Primary Company/ Community Affiliation: _____

Company Address or Home Address if None: _____

Company or Home Phone Number: _____

Email: _____



**COMMUNITY GRANT
Use of Funds Report**

Instructions

Please submit this questionnaire regarding the activities funded by the grant received from the CMX Community Foundation. Please answer all questions briefly and informatively within six weeks of your program/project end date. You may reproduce this form on your computer or type in the requested information.

Please note that future grant requests from your organization are dependent on the submittal of this form to the CMX Community Foundation. The CMX Community Foundation will not consider future grant requests if this report is outstanding.

Organization Information

Organization's Legal Name _____

Name/Title of Person Completing Report _____

Phone _____

Grant Date _____ Grant Amount \$ _____

Questionnaire

Please compare the program as it was actually carried out with the original grant proposal.

Discuss the accomplishments of the program and state how many people the program served. What is your assessment of the impact of the program/project on the community/people you serve?

Please attach any other appropriate documentation that details your expenditure of the CMX Community Foundation grant (receipts, press clippings, annual report, etc). You must also provide a copy of your annual audit for the year covering the period when the grant was expended when it is complete.

Board President Date

Executive Officer Date