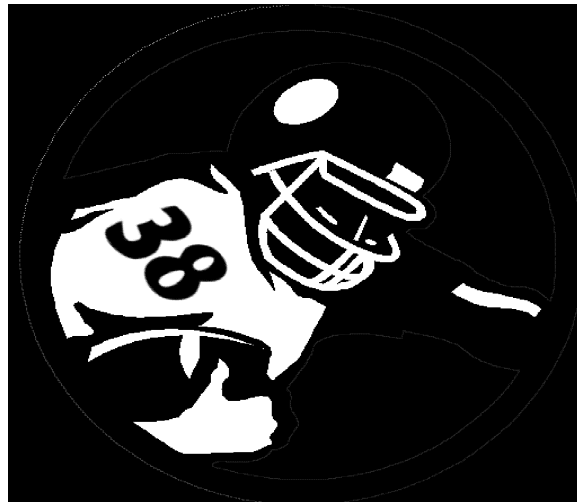


George Rogers Foundation of the Carolinas, Inc.
Mini-Grant Application



"Helping to Improve Lives One Step at a Time"

P.O. Box 205
Columbia, SC 29202
Phone: (803) 318-5153
Fax: (803) 407-7224
GRFound38@yahoo.com
www.georgerogersfoundation.org
www.georgerogersradio.com

Mini-Grant Funding

The George Rogers Foundation of the Carolinas, Inc. provides mini-grants to nonprofit organizations to use for projects that will have an immediate, positive, and long-lasting effect on youth and their families.

Mini-grants are limited to organizations located in the Carolinas and do not exceed **\$2,500.00** in funding. The mini-grant should be used as a tool in achieving a certain goal. Projects should build on the strengths, interests, needs, and assets already existing in the community. Mini-grants cannot be used for personal gain. Funding is provided only to organizations with operating budgets less than \$100,000.00 per year.

Deadline to apply: **May 1st** of each year.

The project you are requesting mini-grant funding for **MUST** fall into at least one of the following areas:

- Youth development
- Academic enrichment
- Mentoring services
- Workshops and training
- Family outreach services
- Young adults activities

Activities and/or projects should help to build life and social skills, focus on educational achievement, after-school tutoring, job readiness skills, literary skills training, and economic success for families or technology training.

Funding is flexible. Funding for the same project for more than one year may be considered if there is considerable change from the previous year's project and there is evidence of additional contributions.

To download a copy of this application, visit www.georgerogersfoundation.org Fax or mail completed application to,

George Rogers Foundation of the Carolinas, Inc.
Post Office Box 205
Columbia, SC 29212
Telephone: (803) 318-5153
Fax: (803) 407-7224
Email: grfound38@yahoo.com

**George Rogers Foundation of the Carolinas, Inc.
Mini-Grant Application**

Today's Date: _____

Your Name: _____

Your Address: _____

Phone 1: () _____ Phone 2: _____

Email (optional): _____

Preferred Method of contact and best time? _____

Are you the person to contact regarding this application? Yes No

What is your role with this project? _____

Are you applying on behalf of a group or an organization? _____

What is the group or organization name? _____

Mailing Address: _____

If applying on behalf of an organization, what is the organization's mission or purpose?

INFORMATION ABOUT YOUR PROPOSED PROJECT OR ACTIVITY
--

What is the name of your project? _____

When will this project or activity take place? (If possible, give specific dates)

What date do you expect your project to be complete? _____

Who will work on this project or activity? Please list below the names and main responsibilities. _____

Do you have any partnerships involved in this project or activity? (If you do briefly state their role)

DESCRIPTION OF YOUR PROPOSED PROJECT OR ACTIVITY

Please tell us about your idea by answering the following questions and provide a one page narrative:

What do you propose to do? _____

How long is your proposed project? (One time, daily, weeks, other)

Has this been done before in the community? (Yes or No) If yes please explain

What goals will your project or activity accomplish? _____

How will you know if your project has been successful? What do you see as potential next steps after this project is complete? _____

Who will be responsible for handling the funds if this application is successful?

If this application is successful, to whom should the grant award check be made payable?

Payee name: _____

Address: _____

City, State, Zip: _____

Applicants Signature: _____ Date: _____

(Please complete the budget form on the next page)

Proposed Budget for Project or Activity:

Please provide an estimated budget for your project or activity in the table below.

Expense Item	Total Expense	Other Funding Sources
Supplies (paper, goods, etc.)		
Workshops/Activities		
Contracts (childcare, training)		
Other		

Total amount requested \$ _____

Please list names/organization of those donating in-kind services and what they will be providing: _____

