



## 2025 GRANT REQUEST FORM

The Mission of Service Club of Manatee County, Inc. is to support children who reside in Manatee County by raising and distributing funding for the benefit of those who are in need of food, shelter, clothing, health services, or educational services.

### PROCEDURE AND DEADLINE FOR APPLICATION:

1. Requests must be submitted on the form provided and are not to exceed \$15,000.
2. Applicants must have a reviewed and active Giving Partner Profile.
3. If applicant received funds in the 2024, a final grant report must be submitted prior to the new application deadline. (Final Grant Report template is provided at the end of this application).
4. Additional documentation to support your request is encouraged. Please include such documentation at time of making application examples include: newspaper articles, special commendations, photographs, etc.
5. Only programs that benefit children (0-17 in age) of **MANATEE COUNTY, FLORIDA** are eligible for consideration.
6. Service Club of Manatee County will not fund any requests pertaining to overhead/administrative costs. A budget form is included.
7. **ONLY** complete applications will be considered for funding.
8. Applications **MUST** be received by email **March 31, 2025** to:

ServiceClubGrants@gmail.com

9. Grant recipients will be notified by mail after **May 5th, 2025**

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Organization Name

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Total Amount Requested

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Contact Person's Name and Title

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Contact Person's Phone and E-mail

MAILING ADDRESS:

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FACILITY ADDRESS (if different from above):

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FACILITY PHONE NUMBER: \_\_\_\_\_

MISSION STATEMENT: \_

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1. What is the specific program/project request?
2. How many children will directly benefit from the dollars requested? How will they directly benefit from program participation?
3. How many others will be indirectly impacted and how?
4. Is this program:
  - New
  - On-going
5. Is funding for this project also being requested from other sources? If yes, please describe who and how much.
6. Will Service Club of Manatee County, Inc. funding for this proposal be used as matching funds? If yes, please provide marketing and communication details.
7. How long has your organization been a 501(c)(3)?
8. What is your annual organization's operating budget in Manatee County?
9. What is the timetable for use of the requested funds (must be spent by December 31, 2025)?
10. What nonprofits and/or businesses are you partnering with directly on your requested project?
11. How do you define participant success (specific to this request)?
12. Are you recruiting new board members? What characteristics are you seeking?

"I certify that all the information provided in this grant application is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or omission of material facts may result in disqualification from funding consideration or the requirement to return any awarded funds."

**Preparer Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PROGRAM  
BUDGET  
FORM**

**Applicant:** \_\_\_\_\_

**Project:** \_\_\_\_\_

**Time Period Covered:** \_\_\_\_\_

**SECTION ONE-PROGRAM INCOME**

CHECK ONE

<b>Funding Sources:</b> List each actual and/or anticipated sources of funding for this project ONLY. Do not include in-kind support	<b>Funds Secured</b>	<b>Funds Requested</b>
Service Club of Manatee County		
<b>Total Project Income:</b>		

**SECTION TWO – PROGRAM EXPENSES**

<b>Expense Items:</b>	<b>Amount</b>
<b>Total Project Expense</b>	

## FINAL GRANT REPORT

For 2024 funded Service Club of Manatee County Grant Recipients

1. Did you spend all the money?
2. How many Manatee County children were directly impacted?
3. How many people were indirectly impacted by the program?
4. Did the program change in any way from the original request? If yes how?
5. Will the program continue?
6. To your knowledge, has any Service Club of Manatee County members volunteered for or supported your organization in the past 12 months? If yes who and how?

"I certify that all the information provided in this grant final report is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or omission of material facts may result in disqualification from funding consideration in the future or the requirement to return any awarded funds."

**Preparer Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_