



2026 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.
2. Applicants must have a reviewed and active Giving Partner Profile.
3. Maximum grant request is \$15,000.
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 of **MANATEE COUNTY, FLORIDA** are eligible for consideration.
6. Service Club of Manatee County will not fund any requests pertaining to overhead or administrative costs. A budget form is included
7. **ONLY** complete applications will be considered for funding.
8. Applications must include specific, measurable, and results-based information for each question. Clearly defined outcomes are essential to the evaluation process.
9. You will find a copy of our Service Club of Manatee County Grant Committee: Evaluation Matrix at the end of this grant application for your reference and preparation.
10. Applications **MUST** be received by email **April 8, 2026** to:

ServiceClubGrants@gmail.com

11. Grant recipients will be notified by email after **May 15th, 2026**.

Organization Name

Total Amount Requested

Contact Person's Name and Title

Contact Person's Phone and E-mail

MAILING ADDRESS:

FACILITY ADDRESS (if different from above):

FACILITY PHONE NUMBER: _____

MISSION STATEMENT:

1. What is the specific program/project request?

2. How many children (ages 0-17) will directly benefit from the dollars requested? #
How will they directly benefit from program participation?

3. How many others will be indirectly impacted? #
How will they be impacted?

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 attach marketing and communication details.

7. How long has your organization been a 501(c)(3)?

8. What is your annual organizational operating budget in Manatee County? \$

9. Does your organization have an endowment fund?
If yes what is its current value? \$

10. Does your organization have an operational reserve fund?
If yes what is its current value? \$

If not, how does your organization plan/prepare for financial shortfalls?

11. What is the timetable for use of the requested funds (must be spent by December 31, 2026)?
12. What nonprofits and/or businesses are you collaborating with directly on your requested project?

Please attach any MOUs or formal agreements.

13. How do you define participant success (specific to this request)?

14. 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: _____

Service Club of Manatee County Grant Committee: Evaluation Matrix

Organization: _____

Manatee County Service Club Evaluator: _____

Committee members should use this matrix to rate each organization's application on a scale of 1 to 3, with 1 being 'Fair', 2 being 'Satisfactory', and 3 being 'Exceptional'. The matrix below includes various evaluation areas to help guide objective and consistent scoring.

Evaluation Area	Description	Score (1-3)
Number of individuals directly impacted	Extent to which the program directly benefits people through services or support. *	
Number of individuals indirectly impacted	Reach of the program through community influence, families, and extended services.	
Return on Investment (ROI) for grant dollars	Efficiency and value generated relative to the funding requested.	
Program sustainability	Likelihood that the program will continue beyond the grant period and without MCSC future support.	
Community collaboration	Level of collaboration with other local nonprofits or institutions.	
Organizational capacity	Staff, volunteer structure, and leadership strength to execute the proposed work.	
Alignment with community needs	How well the project addresses urgent or underserved issues in Manatee County.	
Clarity and completeness of proposal	How clearly the organization communicated their goals, needs, and plan.	
Ability to measure outcomes	Plan and tools in place to track success and program impact.	
Impact of recent challenges (e.g., Government Shut Down)	Resilience and adaptability of the organization in the face of adversity.	

Total _____

Direct impact (ROI)

- Less than \$100 per young person impacted score of 3
- \$101 - \$499 per young person impacted score of 2
- More than \$500 per person impacted score of 1

Indirect Impact

- Less than \$50 per individual impacted score of 3
- \$51 - \$250 per person score of 2
- More than \$251 per person impacted score of 1

It is the hope that grants dollars will impact the most individuals as possible.