



The Bermuda End to End 2007

Charity Grant Application Form

Hand deliver to:

Bermuda End to End Charitable Donations Committee
48 Par La Ville Road, Suite 544 (Mailboxes)
Hamilton

**All applications-electronic or hard copy
must be received by Friday, December 1 at
5pm. No late applications will be accepted**

Or email application to: ete@logic.bm

The
Tel **For more information, telephone 292-6992**

General Information

Name of your Organization:

Registered Charity No.:

Date of Registration

Mailing Address:

Contact Name:

Title:

Phone:

Fax:

E-mail:

Brief history and objectives of your organization:

Mission/Purpose:

Specific Information

1. Does your organization provide services or programs that are similar to those provided by other registered charities in Bermuda? If so, please list indicating which charity (charities):
2. How do you know if the charity work that you are doing is effective? Does your organization have an evaluation process and if so, please describe? (*If available, please attach a copy of a previously completed evaluation*).

3. Annual gift and grant revenue (*indicate dollar amounts and percentage of total revenue*):

Government:

Individual:

Corporate:

Foundation:

Other sources of income:

Fees for service:

4. Please provide the following information from your most recent (audited) financial statements:

Financial Year _____

Annual earned revenue: \$

Annual operating expenses: \$

5. Does your organization employ or have a contract with a professional fundraiser(s)? Yes No

If yes, please name the organization or individual(s) _____

6. Number of paid staff:

Number of volunteer staff (including board members):

7. Has your organization received any type of accreditation? Yes No

If yes, please explain briefly and attach copies of appropriate certificates:

Specific Request

Type of support requested from the Bermuda End to End (*Please tick one*)

Specific Project

Endowment Fund

General Operating Expenses

Other – please describe

Capital Campaign Fund

Please attach a copy of a description of your full proposal-no more than two pages. Also, please provide the following information concerning your project/proposal:

- A brief one paragraph short summary
- Anticipated outcome
- Number of persons to benefit
- Starting and ending dates
- Amount of funding requested:
- Dates and amounts of previous Bermuda End to End grants:

8. Have you approached other grant makers for your proposed project/program? Yes ___ No___

If yes, please tick next to appropriate categories:

Government___ Individual___ Corporate___ Foundation___ Other___

9. What are your organization's plans if total required funds cannot be raised?

Please submit the following with this application

- Most recent financial statements
- Current operating budget
- Project budget (if applicable)
- Current list of Board of Directors (including their positions on Board)
- Current list of paid staff (including consultants)