

Charitable Giving Program

Grant Application

Thank you for completing this grant application for charitable funding. If you need assistance or have any questions, please contact Suzanne Pahl-Boland at 239-643-5553 x76902 or CharitableGrants@arthrex.com.

Organizations requesting funding may apply once per year. The application window for submitting completed grant applications is July 1 – August 31. You will receive written notification by mid-December regarding the status of your grant request.

Please return your completed grant applications, along with your organization's IRS determination letter, W-9, and most recently filed Form 990 to CharitableGrants@arthrex.com.

Please Note: Organizations receiving grants must be tax exempt 501(c)(3) Public Charities under the Internal Revenue Code.

Name of Organization:	Phone Number:	Email Address:
Street Address:	City, State, ZIP:	Employee Identification Number (EIN):

1. **Background:** Please provide a brief history and description of the organization.

2. **Strategy:** Does your organization have a strategic plan? Which key objectives are you trying to accomplish in that plan?



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3. **Purpose of Request:** Describe the specific program for which you seek funding and how the funds will be used.
(please note the Committee does not support political parties, political advocacy, debt retirement or personnel expenses.)

4. **Funding Request:** What amount of funding is your organization requesting?
(It is not typical for the Committee to be a sole funder of any program.)

5. **Total Fundraising Goal:** What is your total fundraising goal for this program?

6. **Sector Focus:** The Committee focuses on funding in the areas of Health & Wellness, Education, and Local Community. Is your request related to one or more of these focus areas? *(please note the committee does not provide funding to individuals or support the building of venues for professional or amateur sports.)*
 Health & Wellness Education Local Community

7. **Geographic Focus:** The Committee is currently prioritizing causes in and around the following areas:

- Collier and surrounding counties (FL)
- Santa Barbara and surrounding counties (CA)
- Anderson County and surrounding counties (SC)

Does your request benefit people who reside in one of these counties? Yes No



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8. **Impact:** Please provide a description of the population and the community that could benefit from this program.

9. **Obstacles:** What are the main obstacles standing between you and your mission, and how do you plan to overcome them?

10. **Effectiveness:** How do you measure and report on the effectiveness of your programs?



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11. **Efficiency:** How well have you utilized your funding? Describe how efficiently you have fulfilled your goals of recent years in relationship to the amount of funds you have raised.

12. **Funding Sources:** Where does most of your funding come from – and what percentage of your budget is from private donations? What do private donations help you achieve that your other sources of funding don't cover?

13. **Your Board of Directors and Officers:** Please list your Board of Directors and Officers, including the number of years served:

14. **Annual Report:** Does your Organization issue an Annual Report? If so, is it available on your website?

Name:

Title:

Date:

Documents Required: Please submit your organization's IRS Determination Letter, W-9, and most recently filed Form 990 (*please note all documents are required prior to review by the Committee.*)

Additional Information is optional. Feel free to attach and/or send a document you believe would be helpful to the Committee's staff in reviewing and understanding your program.

