

TIDEWATER CHILDREN'S FOUNDATION

SUGGESTED REVIEW PROCEDURE CHECKLIST

1. Has the organization received a tax-exempt certificate from the IRS?
2. Is the proposed project in accord with the purposes of the TCF?
3. Does the proposed project constitute an innovation, improved or expanded rendering of service to the Foundation's goals?
4. Is it the intention or likelihood that the proposed project will lead to the future permanent innovation or expansion of services?
5. How do the proposed project's goals relate to those of other public and private agencies and services? Do they complement rather than compete with existing efforts?
6. Does the proposed project indicate how through method, procedures or stages, the project will be conducted?
7. Is the estimate of time for the planning, duration and completion of the project realistic?
8. Does the proposal include provisions for the overall evaluation of the project's effectiveness?
9. Will the projects director(s) be able to devote adequate time and attention to the planning and direction of the project?
10. Are there provisions for a back-up director(s) if necessary?
11. Does the proposed project include provisions for the recruitment, screening and evaluation of support staff (paid or volunteer) as may be necessary?
12. Is the proposal's budget reasonable and realistic?

Refer all inquiries concerning grants and/or grant applications to Rosetta Moorhead:

Tidewaterchildrensfoundation@gmail.com

TIDEWATER CHILDREN'S FOUNDATION

GRANT ACCEPTANCE AGREEMENT

Grant #: _____

1. Complete legal name of organization sponsoring the project:

2. Name given the project to be funded:

3. Name, address, phone, email and title of person responsible for managing the Grant/Project:

4. I/We agree by signing this document that a thorough written evaluation of the funded project shall be made and presented to the TCF at the conclusion of the project or at the conclusion of the period for which the grant is made, whichever occurs first. I/We also agree to report on the progress of the project at six month intervals and agree that a personal report shall be made to TCF by the evaluator, if requested.

5. Name, address, phone & email of evaluator:

6. I/We agree to use the funds in the manner specified in the Grant Application (which is made part of this agreement). I/We will obtain written permission in advance for any substantial deviation from the terms of the Grant Application.

7. If the grant from TCF is less than the amount requested in the application, is the project viable and can a viable program be run on the funds granted (together with funds from other sources)?

YES ___ NO ___ Explain _____

8. If the answer to #7 above is yes, please enclose an amendment to the Grant Application showing any changes necessary in the project due to revised funding (Amendments are subject to re-processing by TCF).

9. The amount of this Grant is \$ _____, which shall be paid to the organization sponsoring the project as follows: _____

I/We agree to the conditions set forth in this Grant Acceptance Agreement.

Completed on the _____ day of _____, 20____.

Name of accepting organization

Signature of authorized representative

Title

Person responsible for Grant

Evaluator

Grant Application Approved by TCF:

TCF Grant Committee

Date: _____

Approved for funding by TCF:

Treasurer

Date: _____