

# **GUIDELINES FOR**

## ***COMMUNITY CONTRIBUTION REQUEST***

**Purpose:** Guidelines regarding “Community Contribution Request”

**Mission:** John Randolph Foundation’s mission is to identify and support health related programs and services and quality of life improvements.

**Policy:** A request for a community contribution may be made by an organization at any time during the year. However, an organization can receive no more than one contribution per calendar year. Requests exceeding \$1,000 must adhere to the Foundation’s grant review process.

**Procedure:** To request a community contribution, an organization must meet and follow criteria and procedures as outlined in this document.

1. A community contribution request may be considered if the organization applying provides services that are essential to the well-being of the citizens of the John Randolph Foundation Service area which consists of Hopewell and the surrounding areas [Prince George, Chesterfield (South of 288 & East of Courthouse Road), Petersburg, Colonial Heights, Ft. Lee, Dinwiddie, Surry, Sussex, Charles City, and Southeast Henrico (Varina- South of I64)].
2. The following entities may apply for a “community contribution” from the John Randolph Foundation:
  - A. A community-based public or private non-profit organization with 501(c)(3) tax-exempt status and classified as a 509(a) non-private foundation.
  - B. An applicant seeking tax-exempt, non-private foundation status under 501(c)(3) and 509(a). Please note: No funding will be awarded without a final determination letter from the IRS.
  - C. A tax-exempt operating foundation under 501(c)(3) and 4940(d)(2).
  - D. A government instrumentality or political subdivision.
3. The organization must provide well-defined services and/or programs to the residents of our service area, which are consistent with the mission of the John Randolph Foundation.
4. The organization must submit a “community contribution” request application which includes information regarding: (a) organization’s mission; (b) services and/or programs provided by the organization; (c) utilization of contribution; (d) specific need the contribution will address; (e) effectiveness of this contribution; (f) target population to be served; (g) anticipated results and impact on the community; (h) a time frame of activities; (i) local leadership and community support for the project; (j) total amount requested and how much financial and in-kind support can be obtained from other sources; and (k) list contact person, name of organization, address and phone number.
5. The organization receiving a “community contribution” must provide a summary within three months after receiving the contribution which addresses the following: the extent to which the organization has met its objectives; demonstration of community commitment and support for the organization; how the organization delivered services and programs.

6. All “community contribution” requests will be reviewed by the Grant Committee Chairman. Assuming funds are available from the grant budget of the given year, the Grant Committee chairman shall have the authority to act on behalf of the Grant Committee, if the nature of the request requires immediate action. Otherwise, requests will be considered at the next Grant Committee meeting. If funds are not available, a recommendation for additional funding may be made at the next regular board meeting or at a called meeting of the Executive Committee, depending upon how quickly funds are needed. The Grant Committee will report to the Board of Trustees at the next regularly scheduled meeting on all community contribution requests.

# John Randolph Foundation Community Contribution Request Eligibility Application

Please complete (type or print in ink) all information and return to:

**John Randolph Foundation**  
**Attention: Lisa H. Sharpe, Community Contribution Request**  
**112 North Main Street**  
**P.O. Box 1606**  
**Hopewell, VA 23860**

1. Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

2. Contact Name & Title (to receive all checks and requests for information)

\_\_\_\_\_

3. Does your organization have an IRS 501(c)(3) tax-exempt determination letter?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the above question, attach a copy of your organization's tax-exempt determination letter. If you answered yes, please specify.

\_\_\_\_\_

If you answered no to the above question, is your organization a tax-exempt operating foundation under 501(c)(3) and 4940(d)(2) OR a government instrumentality or political subdivision? \_\_\_\_\_

4. What is the organization's mission? Is it consistent with John Randolph Foundation's mission? Describe the services and/or programs provided by the organization. How will these funds be utilized? What is the problem or community need which will be addressed? How will you evaluate the effectiveness of this contribution? Describe the geographic areas(s) your organization serves including the number of people served. What results do you anticipate and/or how will the community be impacted? What is the time frame of activities? Demonstrate local leadership and community support for the project. What is the estimated budget needed to address this community need? How much funding can be obtained from other sources? (attach pages as needed.)

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5. Can you certify that the following information is on file at your agency?

Yes \_\_\_ No \_\_\_ Audited Financial Statement for past year or current IRS Form 990. \*

Yes \_\_\_ No \_\_\_ IRS 501(c)(3) Letter of Determination (MUST BE ATTACHED).

Yes \_\_\_ No \_\_\_ Copy of current State of Virginia Registration as required by Title 57 Virginia Statutes-Solicitation of Contributions Law, VA. For 102. \*

Yes \_\_\_ No \_\_\_ Minutes of Board of Directors meetings for the last six months. \*

Yes \_\_\_ No \_\_\_ Current list of Board of Directors.\*

\* John Randolph Foundation may request copies at a future date, as set forth by the Grant Committee

We certify that the above information is correct to the best of our knowledge and belief and attest by our signatures:

\_\_\_\_\_  
Volunteer Board President      Date      Executive Director      Date

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

Person completing this application: \_\_\_\_\_  
Name/Title      Phone #