



## GRANT APPLICATION INFORMATION AND GUIDANCE

nLogic nAbles, Inc., is a non-profit corporation with the mission to provide financial support to local non-profit, 501(c)(3) organizations designed to aid those in need. nLogic, LLC employees through nLogic nAbles, Inc., strive to serve the community by sharing their time and resources to support the needs of the community. nLogic nAbles is funded by employees of nLogic, LLC and is administered by the employees through a volunteer nLogic nAbles Board of Directors.

Eligible non-profit, 501(c)(3) organizations may apply for an nLogic nAbles Grant by submitting an application based on the following information and instructions:

### **Eligibility**

- Must be a non-profit organization recognized under section 501(c)(3) of the Internal Revenue Code and contributions shall be deductible by donors under section 170 of the Internal Revenue Code.
- Must be a community-based organization operating in the area of an nLogic, LLC employee's residence.
- Services rendered by agency must be open to all members of the community regardless of sex, race, religion, political affiliation, ability to pay or background.
- Religious organizations able to provide services to people regardless of their religious beliefs. Example: A food bank that is a separate 501(c)(3) organization, supported by a church or religious organization that provides food to anyone who qualifies for services, regardless of religious belief.

### **Ineligibility**

- Non-profit without a current 501(c)(3) status
- Individuals
- Private Foundations
- Public or Private Educational Institutions
- Tax Supported Institutions
- Social Organizations/Committees
- Religious organizations without a secular community designation (i.e. those without a separate 501(c)(3) organization, separate from a church or religious organization, that provides food, clothing, or assistance to anyone who qualifies for services, regardless of religious belief.)

### **Application Instructions**

- Applications for grants must be submitted on a nLogic nAbles Application form.
- The forms must be complete and signed by an authorized official as well as the Board President or Chairperson of the applying organization 501(c)(3) organization.
- Additional information (brochures, letters, etc.) about the applying organization 501(c)(3) organization may be attached to the application.



### **Application Process**

- Grant applications must be completed, signed and returned by mail or delivered in person to:  
nLogic, LLC  
Attn: nLogic nAbles Grant Application  
4955 Corporate Drive Suite 102  
Huntsville, AL 35805
- Applications may be submitted at any time. Applications must be submitted before the deadline for a specific quarterly grant to be considered for that grant.
- All applications are subject to an initial screening for eligibility and to ensure required information has been submitted.
- Applying organizations should be prepared to receive a visit from a nLogic nAbles Representative, for the purpose of a “fact finding” interview.
- Applications will remain on file from the date of receipt to six months following the first semi-annual award and eligible organizations will automatically recomplete during this period if a grant is not awarded for their initial application.
- Organizations selected to receive an nLogic nAbles Semi-annual Grant will be ineligible for additional consideration for twelve months.



## GRANT APPLICATION

Please make sure you complete Sections 1, 2, 3 and 4. Type or print in Ink.

**Section 1:** Please complete all of the following:

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

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

Agency Website: \_\_\_\_\_

National Headquarters: \_\_\_\_\_

Please provide point of contact information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If referred by nLogic, LLC employee, please provide the employee's name:

\_\_\_\_\_

Please provide the following information for your Board

Information	Board President (Chairperson)	Executive Director
Name		
Address		
Telephone		

Note: Attachments may be used for questions requiring additional space.

1. Does the organization have a current 501(c) (3) status; and are contributions deductible by donors under section 170 of the Internal Revenue Code?

YES \_\_\_\_\_ NO \_\_\_\_\_

(If no please explain)

2. Is the organization a local affiliate of a national organization?

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Is the organization managed, operated, controlled or affiliated with one of the following: religious, civic, political, tax supported, labor, fraternal or educational institution/organization?

YES \_\_\_\_\_ NO \_\_\_\_\_

(If yes please explain)



4. Are the services/benefits you provide in any way based upon a beneficiary's affiliation with any of the following: religious, civic, political, cultural, labor, fraternal or educational institution/organization?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes please explain)
  
5. Does your organization charge for services provided?
  - A. Are services based on clients' ability to pay?
  - B. How are fees for services determined?
  
6. Please describe the purpose(s) and major program(s) of your organization. (You may attach literature, brochures along with description)
  
7. Please describe how your organization would use nLogic nAbles Grant Monies.
  
8. If your organization receives an nLogic nAbles Grant, what is the time frame or schedule for expenditure of these funds?
  
9. What region, location and/or client group will be served by the programs(s) for which this Grant application is being submitted?
  
10. If issued an nLogic nAbles Grant, the organization will be required to provide, within 60 days after utilizing Grant funds, a report describing the use of the funds, expenditure receipts, and any other information to illustrate funds usage. Photographs of utilization should be submitted, submission of such information implies permission for nLogic nAbles to use on website or other information sites. Is your organization willing to comply with this requirement?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
(If no please explain)
  
11. Please provide names, addresses and telephone numbers of three individuals outside your Organization who are knowledgeable of your program(s).
  
12. Please attach the following information:
  - A. Complete IRS determination letter.
  - B. IRS Form 990 and Schedule A for last fiscal year



- C. Audited Financial Statements for last fiscal year“ (note: if audited statement is not available please provide reviewed financial statements). Financial statements should include balance sheet, statement of support, revenue and expenses, notes and any other appropriate schedules.
- D. Auditor’s management letter (if one is issued)
- E. Board approved budget for Current Fiscal Year. Please identify any income sources that are not firm commitments.
- F. Latest Annual Report
- G. Complete Web Page Content Form.

All financial information will remain confidential within the nLogic nAbles Board of Directors and Review Committee.



**Section 2:** Please complete the following:

nLogic nAbles reviews each agency for eligibility using the BBB Wise Giving Alliance Standards for Charity Accountability (see [www.bbb.org](http://www.bbb.org) for details of standards). Please provide answers to the following questions:

<b>Standard 1 Board of Directors (BOD)</b>	Yes / No	If no please explain
The BOD formally reviews the performance of the chief executive officer at least once every two years.		
The BOD formally approves the budget		
The BOD ensures that arrangements with outside fund raising firms are made in writing.		
The BOD receives information (for example, a written summary) about the financial arrangements with such firms and, if applicable, the anticipated portion of the gross proceeds that goes to the charity.		
The BOD has formally approved a conflict of interest policy and regularly monitors it to ensure adherence.		
The BOD appoints a voting member of the board (e.g., treasurer, finance committee chair, or some similar title) to oversee the charity's finances and report to the board.		
The BOD ensures that no person holds the offices of both chair and treasurer at the same time.		
The BOD receives on an annual basis, the charity's IRS Form 990.		
The BOD receives on an annual basis, the charity's audited financial statement (if not available then an unaudited financial statement).		
The BOD receives on an annual basis, auditor's management letter (if one is issued).		

Standards 2 and 4: Please provide information regarding Board members			
Member's Name	Member's Position	Voting or Non-Voting	Compensated or Uncompensated *

\*Compensated includes the following:

- **directly compensated** voting members of the board are those who receive payments (cash and/or in-kind) from the organization (e.g., paid staff member, paid consultant, etc.)
- **indirectly compensated** voting members of the board are those who are direct family members (e.g., spouse, parent, sibling, and child) of any of the directly compensated individuals noted above
- voting members of the board who receive **honoraria** are considered to be directly compensated
- voting members of the board who receive only **reimbursements for expenses** incurred are not considered to be compensated
- voting members of the board who are **paid staff members of affiliated organizations** are considered to be directly compensated if, and only if, financial and governance relationships between the subject organization and the affiliated organization are such that generally accepted accounting principles (GAAP) require the affiliated organizations to have combined audited financial statements.

Standard 3 List of BOD meetings for the past fiscal year				
Date of Meeting:				
Number of Board members attending				

NOTE: The source of information for Standards 8, 9 and 10 should be the Audited Financial Statements. If these statements are not available please refer to the IRS Form 990. Provide the source of information and the associated page or line number.

Standard 8		
Item	Amount	Source of information/ Page and Line Number *
Program Expenses		
Total Expenses		



<b>Standard 9</b>		
<b>Item</b>	<b>Amount</b>	<b>Source of information/ Page and Line Number **</b>
Total Fundraising Expenses		
Total Related Contributions **		

\*\*Related contributions include donations, legacies, and other gifts received as a result of fund raising efforts.

<b>Standard 10</b>		
<b>Item</b>	<b>Amount</b>	<b>Source of information/ Page and Line Number **</b>
Total Unrestricted Net Assets		
Total Expenses		

**Section 3:** Please provide appropriate signatures:

We certify that all information on this Application is true and accurate, and agree to comply with all requirements of this Application.

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board President/Chairperson

\_\_\_\_\_  
Date





Section 4

nLogic nAbles - Web Page Content Form

This information will be presented on the public nLogic nAbles website where our contributors will be asked to vote for the charity of their choice. The proposed website may be located at <http://www.nLogicnAbles.com>.

The information provided on this form will not be used by the nLogic nAbles Review Committee to determine whether or not an agency qualifies for a grant. The Review Committee will only review this information to ensure that it is suitable for presentation on the nLogic nAbles web site. If questions are redundant, please provide more details in the Grant Application and a brief summary on this form.

Organization Name: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Service Area(s): \_\_\_\_\_  
*Please specify by county*

Agency Web Link: *http://* \_\_\_\_\_

Employee Nominated: Yes No *Circle one*

Mission Statement:

Description (100 Words Maximum): *Briefly describe how the money will be used, including the who, when, where, and why.*

*We reserve the right to edit or reject submissions that exceed the word count, contain typographical or grammatical errors, or are unsuitable for presentation.*