

Matthews Children's Foundation Grant Application Guidelines

The Matthews Children's Foundation was established in 1992 to disburse funds to nonprofit organizations that work for the benefit of children. Generally, this means organizations that are not related to the Foundation, that are exempt from Federal income tax, and that have formal documents that have been filed with the Internal Revenue Service.

To qualify for funding, an organization's activities must be primarily directed towards the welfare and benefit of U.S. children. *The Foundation will not fund organizations or programs that discriminate on the basis of race, religion or sex. The Foundation also will not fund organizations that are engaged in any political activity or otherwise attempt to influence legislation.*

Grant applications are reviewed quarterly by the Board of Trustees of The Matthews Children's Foundation. Only one application per organization will be accepted in any grant period. Grants are awarded in the set amount of \$1,000. Grants may be requested for any purpose related to providing benefits for children but preference will be given to those funding children's programming.

REQUIRED PROOF OF ELIGIBILITY:

- (1) **501(c)3** - Only applicants who are determined to be exempt from Federal income tax under section 501(c)3 of the Internal Revenue Service Code, and who are current and in good standing with the Internal Revenue Service will be considered. **Applicants must provide a current copy of the actual 501(c)3 Determination Letter from the Internal Revenue Service.**
- (2) **FORM 990 or 990-EZ** - If the applicant's total expenditures in the most recent fiscal year were \$25,000 or more, applicants must submit a completed copy of the most current Internal Revenue Service Form 990 or 990-EZ (Return of Organization Exempt from Income Tax), including all exhibits and schedules filed with IRS. This must be provided with every application
- (3) **Current Detailed Budget** – needed **ONLY** if organization was not required by IRS to file a Form 990 (or EZ).

- (4) **NOTE:** The name of the organization provided on the application **must** be the same organization whose name is listed on the above documents. If the name of the organization is now different from that shown on the above referenced documents, a copy of the organization's by-laws showing the name change must also be submitted.

QUALIFICATION REQUIREMENTS:

- (1) Applicants affiliated with or working closely with a 501(c)3 organization, but that are **not** legal entities of that organization **cannot** qualify under the auspices of that organization. The applicant **must** qualify as an independent 501(c) 3 organization.
- (2) The purpose of the applicant's organization must be to benefit children 18 years of age and under, residing in the United States.
- (3) Applicant's primary funds **cannot** be used to influence legislation, support potential candidates or officials or otherwise intervene in political activities.
- (4) A signed letter of recommendation from the sponsoring Funeral Home, printed on the Funeral Home's letterhead, must be attached to this application.

DEADLINES:

Grants are awarded three times per year. The deadlines for this year as follows:

- **April 30th**
- **August 30th**
- **December 31st**





Grant Application

(All sections are required. Incomplete applications will not be accepted.)

(1) General Information

Legal name of organization [must match the name used in 501(c)3 registration]

Mailing address Contact (Mr./Mrs./Ms./Miss/Dr.)

City, State, Zip Area code/telephone

(2) Briefly describe organization's primary purpose:

(3) How will you use these funds?

(4) Is your organization's primary focus the aid, education, health and welfare of children 18 years or under residing within the United States of America? **(Please Enter Y/ N)** _____

(5) Do you make any expenditures to influence legislation, support or lobby potential candidates or officials, or otherwise intervene in political activities?..... _____

(6) Do you limit benefits, services or products to specific individuals or certain classes of individuals? _____

(7) Do you discriminate on the basis of race, sex or religion?..... _____

(8) Are you supported by The United Way? _____

(9) What are your current sources of income/funds? (percentage must total 100):

Donations of under \$100 from individuals	_____ %	Investment income	_____ %
Donations of \$100 or more from individuals	_____ %	Government funds and grants	_____ %
Fees from general public	_____ %	United Way	_____ %
Grants from foundations	_____ %	Other	_____ %
Donations from corporations	_____ %		_____ %

What total amount of funding did you receive during the most recent fiscal year?\$ _____

(10) What were your organization's total expenditures in the most recent fiscal year?)\$ _____

(Please state expenditures for your entire organization, not for any specific program)

(11) What were your total fiscal year expenditures directly related to children's benefits? \$ _____

(Applications will only be considered if 100% of the annual expenditures for the entire organization are directly allocated for the provision of children's benefits)

(12) What percent of your *total* expenditures was used for:

(A) Full or part-time staff	_____ %	Expense reimbursement to employees, officers and trustees	_____ %
(B) Use and occupancy of administrative facilities	_____ %	Directly toward the provision of children's benefits	_____ %

(13) APPLICANT CHECK LIST – THE FOLLOWING REQUIRED DOCUMENTS ARE ENCLOSED:

- Current copy of *actual* Internal Revenue Service Determination Letter qualifying your business as a 501(c)3 Organization
- Copy of most recent Internal Revenue Service Form 990 Or Form 990-EZ (including all attachments)
- Or; a detailed financial budget (If organization was exempt from filing a 990/(EZ by the IRS)). Annual reports are acceptable.
- Complete funeral home certification (including statement of support)

Note: ORGANIZATION SUBMITTING APPLICATION MUST BE THE SAME ORGANIZATION WHOSE NAME IS LISTED ON THE ABOVE REFERENCED INTERNAL REVENUE SERVICE DOCUMENTS/FORM 990/FINANCIAL BUDGET.

REFERRAL CERTIFICATION (REQUIRED)

Please attach a formal letter of recommendation from your sponsoring Funeral Home, preferably on the Funeral Home's letterhead. This letter must include the signature of the Funeral Home representative and the contact information listed below.

I certify that to the best of my knowledge and belief, this application is true and correct and this organization provides needed help to children of this community.

_____	_____
Please print name of Funeral Home representative	Funeral Home
_____	_____
Funeral Home Representative Signature	Mailing Address
_____	_____
Date	City, State, Zip Code Phone No.
_____	_____
Name of Matthews Aurora Funeral Sales Consultant	

APPLICANT'S CERTIFICATION:

I hereby affirm that the above information is true and correct.

_____	_____
Name (Please type or print)	Date
_____	_____
Signature	Title

Organization Name	

APPLICATION REMINDERS:

1. Only *complete* applications can be considered. All documentation attached must be current.
2. All funding determinations are made exclusively by the Board of Trustees of The Matthews Children's Foundation, whose decision is final.
3. No funding is promised or guaranteed, whether or not prior funding was made.
4. Please answer all questions within the space provided, wherever possible. Try to avoid using attachments unless they are absolutely necessary.
5. Please do not send extra information or marketing literature.
6. Please do not send sales tax exemption letters or any non-IRS prepared documents "explaining" your exemption status. We cannot accept letters or statements from attorneys, organization officials, etc.
7. Financial documentation is required of *all* applicants for every application. See "Required Proof of Eligibility".
8. The "Funeral Home Referral Letter of Recommendation", which is a statement of the Funeral Home's support for your application, is *required* with every application. It must have the signature of the nominating Funeral Home representative and be printed on the Funeral Home's letterhead.
9. The Foundation must consider *all* the activities of the organization in its decision. Please use Question #2 to describe the entire organization's activities and purpose. If your organization operates more than one project or program, please use Question #4 to describe the specific project for which you are requesting grant funding.

Mail your completed application to the following address:

**Matthews Children's Foundation c/o Matthews International
503 Martindale Street
Pittsburgh, PA 15212**

For more information contact one of the following:

mcf@matw.com

**Toll Free
1.800.223.4964**



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