



## **2008 Albertsons Boise Open Primary Beneficiary Application**

As part of our ongoing effort to support community-based organizations promoting the health and well being of children and youth in Southwest Idaho, Albertsons has created a formal grant process for the proceeds to be awarded from the Albertsons Boise Open golf tournament. The grants will be distributed in December 2009.

To be considered as a primary beneficiary, organizations must carefully review the guidelines listed below, complete and submit the attached grant application and required documentation on or before April 10, 2009. Applicants will be notified by June 8, 2009.

### **Application Guidelines**

#### **I. Eligibility Requirements**

1. All applicants must conduct outreach in Southwest Idaho and demonstrate proof of current non-profit status under the regulations of the U.S. Internal Revenue Service (IRS).
2. If your organization received funding from the 2008, 2007 or 2006 Tournament as a primary beneficiary, your organization is not eligible.

#### **II. Selection Criteria**

1. Organizational Capability
  - Experience in conducting community outreach activities particularly as they relate to the health and well being of children and youth.
2. Program Impact
  - Reach of proposed activities in terms of numbers of children and youth reached.
3. Budget
  - Extent to which applicant efficiently utilizes resources to complete the proposed activities.
  - Request for funding should be focused on program or project expenses.

### III. Appropriate Activities

The grants awarded from the Albertsons Boise Open golf tournament will fund programs or projects that contribute to the health and well being of children and youth in Southwest Idaho. Following are examples of organizations, programs and expenditures that could potentially receive funds:

- Health and/or nutrition education programs
- Educational programs
- Capital campaigns
- Remodeling expenses/repairs
- Well being programs

**Funding is not limited to the above listed programs. We are open to new and innovative projects with a preference given to projects that link to Albertsons business.**

### IV. What To Submit

1. Applications should be typed and double-spaced on standard 8 ½" X 11" paper. Fonts and type sizes should not be smaller than 12 points. Top and bottom margins should not be less than one inch.
2. Application Cover Sheet – The attached “Application Cover Sheet” must be completed. This sheet can be created via computer, if necessary, using the same format.
3. Organizations’ Capability – Briefly describe what your organization does, including previous experience and effectiveness in conducting outreach. **This response should not exceed 1/2 page.**
4. One or two page program description that outlines:
  - What the program/project is
  - Why the program/project is needed
  - How the program/project will have a positive impact on children and youth
  - Program/project timetable
5. Program/Project Budget – The attached itemized “Project Budget” form must be completed. This sheet can be created via computer, if necessary, using the same format.
6. Indemnification – Photocopy of certificate showing that the applicant has liability insurance with aggregate coverage of at least one million dollars (\$1,000,000) per incident. The applicant, if awarded a grant, indemnifies Albertsons and all representatives of the same from any legal action that may be brought as a result of the applicant’s work on the project.
7. Documentation of non-profit status as determined by the IRS. (NOTE: State tax exemption forms are NOT sufficient to determine non-profit 501(c)3 status.)
8. Copy of your organizations most recent audited financial statement. If an audit is not available, explain why.
9. Two copies of grant application.

# Albertsons Boise Open

## Grant Application Cover Sheet

*Please fill out completely -*

NAME OF ORGANIZATION \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ IRS TAX EXEMPT # \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_

EXECUTIVE DIRECTOR/PRESIDENT \_\_\_\_\_  
NAME & TITLE

PROJECT CONTACT \_\_\_\_\_  
NAME & TITLE

TYPE OF COMMUNITY-BASED ORGANIZATION (*Check only one of the following*):

<input type="checkbox"/>	Advocacy Group	<input type="checkbox"/>	Human Services Agency
<input type="checkbox"/>	*Religious Organization/Church	<input type="checkbox"/>	Sports Organization
<input type="checkbox"/>	Community/Free Clinic	<input type="checkbox"/>	Cultural Organization
<input type="checkbox"/>	Consortium/Coalition	<input type="checkbox"/>	School
<input type="checkbox"/>	Vocational	<input type="checkbox"/>	Other:

**\*Grants will not be awarded for religious or political advocacy.**

TOTAL POPULATION SERVED ANNUALLY (*Estimated number*): \_\_\_\_\_

TARGET POPULATION CURRENTLY SERVED (*Provide percentages*):

- \_\_\_\_\_ African-American
- \_\_\_\_\_ Asian Pacific American
- \_\_\_\_\_ General Market (Anglo/Caucasian)
- \_\_\_\_\_ Latino
- \_\_\_\_\_ Other Ethnic Group

Sub-Category Audience (*Provide percentages*):

- \_\_\_\_\_ Infant-Preschool
- \_\_\_\_\_ Children (K-5/6)
- \_\_\_\_\_ Junior High/Middle School
- \_\_\_\_\_ Senior High



