



Application for Grant Funding

The Odd Fellow and Rebekah Benefit Fund (the "Benefit Fund") is pleased to announce that it is accepting applications from organizations that wish to receive grant-based funding to further important charitable works. Applications will be accepted annually.

Background and Purposes

The Benefit Fund is dedicated to improving individual character, assisting communities, and promoting goodwill and unity. The Benefit Fund operates for charitable and benevolent purposes as defined by Section 501(c)(3) of the Internal Revenue Code of 1986. The Benefit Fund's purposes are to make, establish, solicit, collect, receive, hold, invest, reinvest, distribute, and disburse donations, subscriptions, gifts, bequests, scholarships, grants, and other funds to support individuals, programs, and/or services committed to the enhancement of community and civic endeavors consistent with the tenets of the Independent Order of Odd Fellows and Rebekahs.

Grant Goals & Guidelines

The primary goal of the Benefit Fund's grant program is to provide funding to charitable organizations that provide or support health care delivery to the elderly, infirm, disabled, chronically ill, and/or those disadvantaged with special health needs. Although applications are open to all, the Benefit Fund reserves the right to review and decide, in its sole discretion, which applicants will ultimately be awarded grants. Please review the information below before submitting your application.

1. Eligibility

- a. General qualifications/requirements: All successful applicants must, at the time that the grant is awarded and throughout the duration of the term of the grant, meet certain basic requirements, which include the following:
 - i. The grant must be used in conjunction with the proposed and approved services or purposes.
 - ii. No portion of the grant may be used for political purposes or for purposes that would impede the Benefit Fund's mission.
 - iii. Organizations who have, or who are related or connected to individuals or entities who have, a private interest in the Benefit Fund (including the Benefit Fund's directors, officers, committees, or employees) are NOT eligible to receive a grant.
 - iv. Organizations that have previously received a Benefit Fund Grant are excluded from repeat applications.

- v. Applicants must be established as a non-profit organization that is exempt as a Section 501(c)(3) entity under the Internal Revenue Code of 1986 (the U.S. Tax Code) and must be established for purposes related to, or in support of, the purposes of the Benefit Fund. Organizations that have previously received grant funding from the Benefit Fund are excluded from repeat applications.
- b. Continued Compliance: The applicant must meet the Eligibility requirements as stated herein at the time of the first disbursement/payment of the grant award. Further disbursements are contingent upon the organization's continued ability to meet the requirements described herein.
- c. Reporting: Each applicant who has received an award must report to the Benefit Fund quarterly. The report must explain how the funds have been used and must state whether or not the organization is still in compliance with the General Requirements.

2. Award

- a. Amount: The amount of each grant awarded is based upon various factors, including, but not limited to, the type of activity proposed or being performed, the potential impact on the community, the cost and duration of the activity, and the funds otherwise available to the applicant.
- b. Duration/Installments: Successful applicants will receive installments per their specific grant agreements.

- 3. Application:** To be considered for a grant, each applicant must submit the appropriate, completed Application Form (see below). Each application will be reviewed by the Benefit Fund, which will decide whether to award the applicant a grant.
- a. Deadlines for applications are January 31st and July 31st annually.
 - b. Applications will be reviewed by the Benefit Fund Board annually in March and September.
 - c. Applicants will be informed of the Board's decisions promptly.

4. Submission:

Mailing instructions: Applications and any supporting materials must be sent via USPS to:
Attn: Grants Committee
Odd Fellow and Rebekah Benefit Fund, Inc.
P.O. Box 1907
Binghamton, NY 13905

- 5. Questions:** Should you have any questions or need further information please contact Oradell Banker, Grants Chairman at (570) 241-7477 or omeb@epix.net

APPLICATION FOR GRANT FUNDING

*Provided by Odd Fellow and Rebekah Benefit Fund, Inc., a New York
Not-For-Profit Corporation dedicated to improving communities.*

Date: _____

Name of Grant Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Website: _____

Home/Business Phone: _____ Cell Phone: _____

Contact Person: _____ Amount Requested: _____

Is the above-referenced organization a 501(c)(3) exemption as defined under the Internal Revenue Code? (If yes, please provide a copy of your exemption certificate.)

Yes No

Does the above-referenced organization have any current or prior affiliation with the Independent Order of Odd Fellows and Rebekahs?

Yes No (If yes, please explain the nature of your affiliation on a separate paper.)

Explanation of project or activity

On a separate paper, please provide clear answers to the following about the proposed project or activity (the "Proposed Services".) On each page of the supporting documents, please include the name of the grant applicant, proposed service, and amount requested:

1. Briefly describe the services provided by your organization.
2. If awarded a grant, what will you do with grant funding? (Please be as specific as possible, explaining actions to be taken and individuals/communities to benefit from the Proposed Services, location of Proposed Services, and any other relevant information.
3. Please identify any partners and their involvement with this Proposed Services.
4. Please provide a detailed budget for the Proposed Services.
5. What other sources of funding are anticipated for the Proposed Services?
6. Identify how the Proposed Services support the Benefit Fund's mission "to provide or support health care delivery to individuals who are elderly, infirm, disabled, chronically ill, or disadvantaged with special health needs for those in New York State."

Acknowledgment and Certification

By signing below, I hereby acknowledge and certify that I am authorized to submit this application on behalf of the organization. Further, having the authority to act on behalf of the organization, I agree and certify as follows:

- I agree that the statements made in this application, including any supporting materials, are binding on the organization.
- I understand and agree that this application is subject to the review of the Benefit Fund and that neither I nor the organization is guaranteed a grant or any other funding.
- I understand and agree that the distribution of any grant funding will be based upon the organization's compliance with the requirements set forth by the Benefit Fund, including the requirements set forth herein and in any future acceptance letter, and that the organization's failure to comply with such requirements will extinguish its right to receive any grant funding.
- I understand and agree that all grant funds must be used only in furtherance of projects or activities expressly approved by the Benefit Fund.
- I understand and agree that no portion of any grant funds may be used for political purposes or for purposes that would impede the mission of the Benefit Fund.
- I hereby certify that neither the organization, nor any of its owners, agents, directors, or volunteers, has, or is affiliated with any individual or entity who has, a private interest in the Benefit Fund.
- I hereby certify that all of the statements and information that I have provided according to this application, including all supporting materials, are truthful, to the best of my knowledge, and that the organization meets the General Requirements for Eligibility.

Name and Title (Printed)

Signature _____ Date _____

For office use only:

Date received: _____ Date awarded: _____ Amount: _____

Purpose: _____

Date denied: _____ Reason: _____
