



APPLICATION FOR FINANCIAL ASSISTANCE

The Ross "Blackie" Talbot Charity Classic

Please submit application to:
The Chairman
The Ross "Blackie" Talbot Charity Classic
Suite 787
Par-La-Ville Road
Hamilton HM
Bermuda
Telephone: 295-4558 Facsimile: 296-3388
E-mail: atherdjj@logic.bm
www.rbtcharitygolf.org



APPLICATION FOR FINANCIAL ASSISTANCE

All requests will be reviewed annually. Please complete and submit this application to the Chairman of the Ross "Blackie" Talbot Charity Classic no later than December 6th of each year to ensure that your application receives due consideration as a recipient of the funds raised at each years' Ross "Blackie" Talbot Charity Classic.

GENERAL INFORMATION

Organisation: _____ Date: _____

Registered Charity Number: _____ Mailing Address: _____

Member of the Centre on Philanthropy? Yes No

Primary Contact Name _____ Secondary Contact Name _____

Tel: _____ Fax: _____ E-mail: _____

Brief History of the Organisation: _____

Mission/Purpose of the Organisation: _____

1. Does your Organisation offer services similar to those offered by other registered charities in Bermuda? If so please provide details and indicate which charities.

2. How is your organisation monitored/evaluated, how often and by whom? _____

3. Has your organisation received any form of international accreditation? If so please provide details and copies of certification.

4. Please provide financial details of your annual gift and grant revenue both in dollar terms and percentage of total revenue.

Government	Individual	Corporate
Foundation	Other	Fee for Service

5. Please provide the following from your most recent audited financial statements

Fiscal Year	Annual earned revenue	Annual operating expenses

6. Does your organisation employ or have a contract with professional fundraiser(s)? Yes No

7. Please indicate the following:

Number of paid staff	Number of volunteer staff	Does your organisation have any RBT Foundation Volunteers on your organisation's Staff or Board	Does your organisation have any RBT Executive Committee Volunteers on your organisation's Staff or Board
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SPECIFIC REQUEST

8. Please indicate only one by ticking the appropriate box, including additional information in the space provided.

Specific Project	<input type="checkbox"/>	
General Operating Expenses	<input type="checkbox"/>	
Capital Campaign	<input type="checkbox"/>	
Endowment Fund	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Please provide brief details for the project next to the one indicated. Please feel free to submit additional documents if you so desire.

PLEASE PROVIDE THE NECESSARY DETAILS OF YOUR APPLICATION. Use separate sheet if necessary.

9. What community need does your project/programme address?	
10. What is the expected outcome of the project/programme?	
11. What are the approximate numbers of people that will benefit from the project/programme?	
12. Please describe the services offered to Bermuda, as a result of your project/programme.	
13. Please specify the exact amount requested for your project/programme.	\$
14. What is the starting date for this project/programme if the grant (financial assistance) is approved?	
15. Please provide the dates and names of any prior grants (financial assistance) received by your organisation in the last 12 months.	
16. Have you approached any other organisations for funding in the last 12 months? If so please list.	
17. How do you plan to monitor your project/programme's progress? NB If you are chosen you will be required to provide a 6month & 12 month written progress report to indicate goals are being met.	

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION

1. Most recent financial statements (audited are preferred for requests over \$20,000)
2. Current operating budget
3. Project budget (if applicable)
4. Current list of Board of Directors and their positions and/or titles
5. Current list of paid staff (including consultants)

FOR INTERNAL USE ONLY		RBT Interview Team	Accepted / Reason
Amount Requested \$	Application received date		
Submission Date	Main contact person		Declined / Reason
Date of interview	Amount Approved \$	Signature of approval	