**A red and black logo

Description automatically generated**

**SC Johnson Grant Application**

**Application Procedure**:

* Complete and return this form to [caenrich@SCJ.com](mailto:caenrich@SCJ.com).
* Answer all the questions on the form.
* Please note only tax-exempt organisations can apply.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHARITY GENERAL INFORMATION** | | | | | | | | | |
| **Name of Charity** (official & marketing name if different) | | | | **Registration Number** (MUST be registered charity) | | | | | |
| **Current Address** (include City, Prov., Postal Code) | | | | **Website** | | | | | |
| **Mission/Vision Statement** | | | | | | | | | |
| **PROJECT DESCRIPTION** | | | | | | | | | |
| **Name of the project:** | | | | | | | | | |
| **Select a category that your request applies to:**  Opportunity  Sustainability  Health | | | | | | | | | |
| **Duration of project:** | | | | | | | | | |
| Start date: *(mm/dd/yy)* | Finish date: *(mm/dd/yy)* | | | | | Duration: (*xx months)* | | | |
| **Please provide a brief description of the project (if you have any presentations or additional information please attach to your application):** | | | | | | | | | |
| **Please explain your objective(s) e.g., the aims or goals of the project?** | | | | | | | | | |
| **Where will the project be delivered (location or locations)?** | | | | | | | | | |
| **Number of people who will directly benefit from this grant.** | | | | | | | | | |
| **Overall Number** | | | *(Example; 250)* | | | | | | |
| How many are adults (over 18 years of age)? | | | *(Example; 50)* | | | | | | |
| How many are children (0-17 years of age)? | | | *(Example; 200)* | | | | | | |
| From the overall total - what breakdown in % are the gender of those who will benefit? | | | **Male%** | | **Female%** | | | **Other%** | |
| Please indicate if the funding supports any under-represented areas of the population (e.g., disabled, LGBTQ+, etc.)? | | |  | | | | | | |
| **Any other information you want to give to support and help us to understand your request?** | | | | | | | | | |
| **BUDGET PROPOSAL** | | | | | | | | | |
| **Total amount requested:** | | **Total project budget:** | | | | | **Date needed:** | | |
| **Expenses by component / activity**  *(Add lines if needed)* | | | | | | | **Requested  to SCJ** | | **Total budget** |
|  | | | | | | |  | |  |
|  | | | | | | |  | |  |
|  | | | | | | |  | |  |
|  | | | | | | |  | |  |
|  | | | | | | |  | |  |
| **TOTAL** | | | | | | |  | |  |
| **Is this for current programming or a new initiative?**  Yes  No | | | | | | | | | |
| **Is this the charity’s first request for funding from SC Johnson?**   Yes  No  *If not, please outline what projects/programs SC Johnson has granted funding for in the last 10 years and the total dollar amount that has been given to your organization by SC Johnson in the past?* | | | | | | | | | |
| **Organization’s Annual Operating Budget:** | | | | | | | | | |
| **Continued Funding:** Detail how the charity plans to obtain continued funding and/or build the ability to self-sustain the project/program after the grant period has ended. | | | | | | | | | |
| **Recognition and Visibility:** Please detail how SC Johnson will receive recognition and visibility for its support of this initiative or project. | | | | | | | | | |

|  |  |
| --- | --- |
| **CONTACT INFORMATION** | |
| **Contact Name & Function:** | |
| **Email Address:** | **Date:** |
| **Telephone Contact Number:** | |

|  |
| --- |
| **APPLICANT AGREEMENT** |
| **Please note: SC Johnson is unable to accept applications from organisations that are unable to prove their tax-exempt status.**  I have attached proof of my organisation’s tax-exempt status. |
| I commit to provide updated impact data, photos, and quotes to SC Johnson on completion of this project. |
| Sign and date |