Lake Toxaway
CHARITIES

January 15, 2025

On behalf of Lake Toxaway Charities, we would like to thank you for your valuable work in our community. Our grant committee is looking forward to learning about your organization's 2025 plans for Transylvania County and how Lake Toxaway Charities may assist your organization's efforts for our community. We are accepting grant funding applications online or you may apply via paper application and postal mail. Instructions for both are available in our guidance section on our website. Your application is due no later than March 1, 2025.

We are going to approve a maximum of 55 agency requests. To be good Stewards of our resources, we will be working diligently to understand the positive impact that each agency has on our community. Each agency request stands on its own merit; there are no automatic funding guarantees.

If you decide to apply for Lake Toxaway Charities funding, there may be a site visit to your agency in the spring to help our committee better understand the needs of your organization. Decisions on funding will be made in late May 2025. If you have any questions, please contact Amanda Stahl at 407-342-2191 or email rmstahl95@gmail.com .

Lake Toxaway Charities is focused on offering assistance to the Hungry, the Homeless, those in need of Healthcare, the Abused, and to Education systems and programs. Thank you again for all you do for those who need it most in our area.

Sincerely,

Amanda Stahl
Lake Toxaway Charities Grant Committee Chair

Grant Application 2025- Please submit by March 1, 2025

In order to be considered for funding, your completed application must be received by March 1, 2025. Please complete the online form or this paper application. If using a paper application, please mail the completed application to Lake Toxaway Charities P. O. Box 163, Lake Toxaway, NC 28747 by February 26, 2025.

I. Applicant Contact Information

Organization Name of your 501(c)3 _____
Address

_____
Phone

_____
Contact Person who can be reached M-F, 9am-5pm anytime of the year.

_____
Email

_____
Employer identification number (EIN)

_____

II. Project Information: Amount Requested

_____

Please respond to the following questions relative only to your work in Transylvania County in 200 words or less.

1. Please tell us the mission or purpose of your organization. What sets your organization apart from others? Explain the impact you make on your clients and why your service is needed in Transylvania County.
2. Please describe the project/program for which you wish to receive funding.
3. Please include a total project/program budget for using the requested funds. (Not your overall annual budget).
4. Please tell us the target population you serve in Transylvania County and the approximate number of those served.
5. List other activities your agency planned for the past year (2024). Do you partner with other agencies? Name the agencies and how you work together.
6. If you received funding from Lake Toxaway Charities last year, please tell us how the funds were used, and the results achieved.
7. Please list what other sources and amounts of external funding you receive.
8. Please indicate if your organization has a volunteer coordinator. If so, please provide the name and contact information of your volunteer coordinator.
9. Do you send any of the funds you receive from local sources such as Lake Toxaway Charities to a national organization or any organization outside of Transylvania County? If so, please specify to whom you send those funds and

what percentage of the funds you receive are sent outside of Transylvania County.

10. Please explain what your agency does and your success to “break the cycle” so that those you serve are less dependent on your agency in coming years

III. Financial reports

To be considered for funding you must submit your latest annual financial reporting with your application.

Option 1)

- Please attach complete forms 990 (not EZ or Postcard)
- Please attach a current statement of operations (income statement) and balance sheet.

Or

Option 2)

- In the absence of a complete form 990 please send your most recent full year statement of operations (income statement) and balance sheet including:
  - Total income including contributions and event profit.
  - Account receivables including contribution pledges received for the next year.
  - Total agency expenses
  - 2025 project/program expense projections
  - Administrative expenses
  - Operating expenses
  - Fundraising expenses
  - Assets- cash, investments, fixed assets
  - Liabilities & Equity (debts, loans, payables)

Please affirm that the facts given in this application are truthful to the best of your knowledge by signing your name and title below.

_____

Thank you for what you do to make our community a better place for all.