

# Bank of America Charitable Foundation Request for Proposal (RFP) Application Questions

*\*Red text indicates a required question*

## Corporate Philanthropy

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### Organization Information

Please review your organization information and update it if necessary.  
If you are using a parent/national organization's tax ID number, please enter your LOCAL organization information.

#### Legal Name

This name reflects one of the following and cannot be changed:

- The name associated with the specific tax ID in the IRS business master file (United States).
- The name associated with the school/school district in NCES data (United States).

ANY CORRESPONDENCE WILL BE DIRECTED TO THIS NAME.

#### \*Organization Name

#### AKA Name

#### \*Year Founded

Please enter the year in which your organization was founded.

#### \*Executive Director/President/CEO

Please provide the name of your organization's Executive Director, President or CEO.

#### \*Mailing Address

Please provide the address where information about this grant proposal should be mailed.

#### PO Address

#### \*City

#### \*State

#### \*Zip

#### \*Country

#### \*Telephone

#### Fax

#### \*Website Address

#### Facebook Page

#### Twitter Handle

All charitable organizations are qualified under 501(c)(3) and then are given a secondary qualification that further identifies the organization's charitable status which is specifically noted in the determination letter sent by the IRS. If you do not have access to your organization's determination letter, you may also refer to [www.guidestar.org](http://www.guidestar.org) and review your organization's status.

**\*Is your organization classified under section 509(a)(3) of the Internal Revenue Code?**

(i.e. - Is this organization a "supporting organization" whose charitable status is related to another charitable organization?)

- Yes
- No

**If you have a 509(a)(3) tax status, please select your Supporting Organization Type.**

- Type I
- Type II
- Type III - Functionally Integrated
- Type III – Other

**\*List of Current Board Members (2012)**

**\*List of Current Organization Executive Staff (2012)**

**\*Are any of your organization's founders or board members, principals or executive officers federal officials including, but not limited to, members of Congress, Congressional staff or Executive Branch officials?**

- Yes
- No

**If yes, please list them, including their position as a federal officer.**

**\*Organization Type**

Please identify the Type of organization you are.

NOTE: Your Organization Type should capture who you are as an organization, NOT the focus of this grant proposal.

- Asset Building (Financial Education, Credit Repair, Savings/Budgeting, etc.)
- Arts & Culture (Museums, Performing Arts Institutions, Zoos, etc.)
- Civic Engagement (Volunteerism, Public Service, etc.)
- Community Development (CDCs, Housing, Military, Technical Assistance, etc.)
- Education (Middle/High School Programs, Colleges/Universities, Community Colleges, Libraries, etc.)
- Environment (Beautification, Climate Change, Conservation, Energy, etc.)
- Health (Hospitals, Community Health Centers, etc.)
- Human Services (Food, Emergency Shelter, Benefits Access, Disaster Relief, etc.)
- Workforce Development (Job training, Apprenticeship, etc.)
- Other

**Please describe your organization if you selected "Other" for Organization Type.**

**\*Mission Statement**

Please provide your organization's mission statement as approved by the organization's board of directors.

**\*National Organization Affiliation**

Are you an affiliate of a national organization?

- Yes
- No

**If yes, please list the national organization.**

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Organization Budget Detail

CURRENT FISCAL YEAR END (FYE) PROJECTIONS

**\*Current Fiscal Year**

Please enter the four-digit year, e.g. 2012

**\*Current FYE Date**

(MM/DD/YYYY)

**\*Current FYE Revenue**

**\*Current FYE Expenses**

MOST RECENT FISCAL YEAR END (FYE) COMPLETED:

**\*Most Recent Fiscal Year**

Please enter the four-digit year, e.g. 2012

**\*Most Recent FYE Date**

(MM/DD/YYYY)

**\*Most Recent FYE Revenue**

**\*Most Recent FYE Expenses**

**\*Sources of revenue from the most recent fiscal year end (list % of total operating revenue):**

This information should be from your most recent fiscal year. These fields must total 100%.

- % City
- % Corporations
- % Endowment
- % Federal
- % Fees
- % Foundations
- % Individuals
- % State
- % United Way
- % Other

**\*If you selected "Other" above, please elaborate:**

If you did not select "Other" above, please enter "N/A".

**\*Top Five Sources of Funding for your Organization**

Please list your top five contributors and dollar amounts received last year, including governmental and other funders. Please also reflect any multi-year funding.

**\*Has your organization experienced any unusual circumstances over the past year that have impacted your budget?**

- Yes
- No

If yes, please describe those unusual circumstances:

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## Organization Budget Attachments

### **\*Organization Operating Budget**

Please upload a file containing your organization's overall project and operating budget.

### **\*Financial Statements**

Please upload financial statements for the previous two years. If available, please include audited documents.

### **\*Is your Organization's Total Operating Budget $\geq$ \$250,000.00?**

- Yes
- No

**If yes, please attach a copy of your organization's most recent audit.**

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**Grant Proposal**

The information you provide in this section should pertain to your specific grant proposal. If you are requesting general operating support, this information should pertain to your overall organization.

### **\*Grant Purpose**

#### **\*Detailed Grant Description**

Please provide specific details of this grant proposal, including:

- For Program Support: Please provide a description of how the requested funds will maintain or grow your project or program
- For Operating Support: Please describe how the requested funding will support your organization's mission

NOTE: Please use this space to describe your specific grant proposal. Space is provided directly below for any additional or supporting information about the issue you are addressing or your organization overall.

#### **Additional Information**

Please use this space to provide any additional or supporting information about the issue you are addressing or your organization overall.

#### **\*Total Project Budget**

If your proposal is for a specific program or project, please provide your overall project budget. If your proposal is for general operating support, please enter the total of your annual operating budget.

#### **\*Proposal Amount**

Please enter the amount of funding you are requesting for this grant proposal.

#### **\*Grant Usage**

Please provide the percentage of the grant amount that will be used toward operating and program support. These fields must total 100%.

- % Operating Support
- % Program Support

#### **\*Top Five Sources of Funding**

Please list the top five contributors and dollar amounts received last year for the program/project for which you are requesting funding.

NOTE: If you are requesting general operating support, your response to this question should reflect the same information you were asked to provide as part of the Organization Budget Detail section.

#### **\*Partnerships/Collaborations**

Does your organization lead and/or participate in any partnerships or collaborations connected to this grant proposal?

- Yes
- No

**If yes, please describe the partnership or collaboration, including: the role your organization plays, other participating organizations, and how this partnership/collaboration has leveraged additional resources.**

#### **\*Promoting Your Grant**

What communications tools does your organization have available to promote this grant? This description could include media relations, internal or external newsletter, annual event, blog, etc.

#### **\*Volunteer Needs**

Does your organization use volunteers?

- Yes
- No

**If yes, please describe the types of volunteer opportunities available.**

Please use this space to outline general volunteer activities, skills-based opportunities, and/or volunteer activities that are critical to the mission of your organization. Description should include:

- Objectives
- Expertise required
- Number of volunteers needed
- Timeframe for opportunity (date/time/location, if applicable)
- Additional background information that illustrates the need and opportunity

**Does your organization use volunteers to deliver financial education, coaching, benefits counseling and/or tax assistance?**

- Yes
- No

**If yes, please describe the types of financial education volunteer opportunities available to Bank of America employees.**

**Is there an individual in your organization who coordinates volunteer initiatives?**

- Yes
- No

**If yes, may we contact this individual directly?**

- Yes
- No

If yes, please provide the following:

**Name:**

**Preferred Method of Contact:**

Please include a phone number or e-mail address here.

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### Anticipated Grant Impact

The information you provide in this section should pertain to your specific grant proposal. If you are requesting general operating support, this information should pertain to your overall organization.

#### \*Number of Individuals Impacted by Grant Proposal

#### \*Number of Families Impacted by Grant Proposal

#### \*Age Group(s) Impacted by Grant Proposal

Please indicate the percentage of each age group expected to benefit from this grant proposal.

NOTE: The total percentage must equal 100%.

- % 0-5
- % 6-11
- % 12-17
- % 18-24
- % 25-44
- % 45-64
- % 65+
- % Not Tracked

#### \*Gender(s) Impacted by Grant Proposal

Please indicate the percentage of each gender expected to benefit from this grant proposal.

NOTE: The total percentage must equal 100%.

- % Female
- % Male
- % Not Tracked

#### \*Ethnicity Impacted by Grant Proposal

Please indicate the percentage of each ethnic group expected to benefit from this grant proposal.

NOTE: The total percentage must equal 100%.

- % American Indian and Alaska Native (AIAN)
- % Asian
- % Black
- % Hispanic and Latino
- % Native Hawaiian and Other Pacific Islander (NHOP)
- % White
- % Not Applicable

#### \*Special Population Impacted by Grant Proposal

Please indicate the percentage of each special population – separate and distinct from ethnicity – expected to benefit from this grant proposal.

NOTE: The total percentage must equal 100%.

- % Active Military (Active duty military and their families)
- % Formerly Incarcerated
- % Gay/Lesbian/Bisexual/Transgender
- % Persons with Disabilities
- % Veterans
- % Not Applicable

#### \*Focus of Grant Proposal

Please select the Primary Focus of this grant proposal.

NOTE: This category should reflect the specific focus of this grant proposal, NOT what type of organization you are.

1. Community Development
2. Workforce Development and Education
3. Critical Needs
4. Arts and Culture

5. Environmental
6. Other

### **\*Evaluating and Measuring Impact**

Please describe how your organization will track the metrics you identified for this grant proposal.

### **\*Geographic Area Served**

Please be specific in detailing how far this project extends throughout a given area, such as a state, region or city.

## **COMMUNITY DEVELOPMENT RFP QUESTIONS**

### **Grant Subcategories – Community Development**

Please select the Subcategory that best describes the primary purpose of your specific grant proposal.

- Homeowner Retention
- Neighborhood Stabilization
- Community Revitalization

Homeowner Retention

If you selected Homeowner Retention, please indicate the following as a result of this grant request:

**Number of individuals receiving financial management or asset building services**

**Number of individuals receiving foreclosure prevention or loss mitigation services**

Neighborhood Stabilization

If you selected Neighborhood Stabilization, please indicate the following as a result of this grant request:

**Will you acquire and/or rehab affordable housing units as part of this grant proposal?**

- Yes
- No

If yes, please provide:

**Number of affordable housing units acquired and/or rehabbed as a result of this grant request**

**Percentage of rehabbed affordable housing units that were Real Estate Owned properties as a result of this grant request**

**Will you construct new affordable housing units as part of this grant proposal?**

- Yes
- No

**If yes, please provide the number of new affordable housing units as a result of this grant request**

**Will you provide homeownership counseling as part of this grant proposal?**

- Yes
- No

**If yes, please provide the number of individuals receiving homeownership counseling services as a result of this grant request**

Community Revitalization

If you selected Community Revitalization, please indicate the following:

**Total economic impact to local community as a result of this grant request**

**Please describe how you are defining “economic impact” as a result of this grant request.**

**Number of full-time equivalent (direct & indirect) jobs created (if applicable) as a result of this grant request.**

**Are Integrated Services offered as part of this grant proposal?**

- Yes



- No

If yes, please indicate which services will be provided to individuals as a result of this grant proposal:

**SNAP (Supplemental Nutrition Assistance Program or food stamps)**

- Yes
- No

**VITA/EITC (Volunteer Income Tax Assistance/Earned Income Tax Credit)**

- Yes
- No

**Savings Products and Asset Building Tools**

(Individual Development Accounts, affordable banking accounts, etc.)

- Yes
- No

**Emergency Financial Assistance and Other Subsidies**

(Childcare, transportation, rent, utilities, healthcare, clothing subsidies, unemployment, bridge or short-term forgiveness loans/grants, SSI, Medicare, TANF, LIHEAP, WIC, NSLP/SBP/SFSP, CACFP, CSFP, SFMNP, case management and legal mediation services, etc.)

- Yes
- No

**Financial Education (Financial coaching, debt counseling)**

- Yes
- No

Green Development (Energy efficiency retrofits, green-certified affordable housing, green space, etc.)

**Is the opportunity funded by this grant proposal connected to green development?**

- Yes
- No

If yes, please indicate the following as a result of this grant request:

**Percentage of rehabbed affordable housing units that include an energy efficiency retrofit**

**Percentage of new affordable housing units built to green standards**

**Please list green standard(s) (i.e., LEED, Energy Star, Green Communities, etc.)**

**CRITICAL NEEDS RFP QUESTIONS**

**Grant Subcategories – Critical Needs**

Please select the Subcategory that best describes the primary purpose of your specific grant proposal.

- Hunger Relief/Food Access
- Emergency Shelter/Supportive Short-Term Housing
- Benefits Access and Referrals

Hunger Relief/Food Access

If you selected Hunger Relief/Food Access, please indicate the following based on this grant request:

**Will you provide hunger relief as part of this grant proposal?**

- Yes
- No

If yes, please indicate the following as a result of this grant request:

**Number of meals**

**Pounds of food**

**Number of direct service providers and agencies (soup kitchens, food pantries, school or after-school based feeding and nutrition programs, etc.) that will distribute the food (if applicable)**

**Will you address barriers to food access as part of this grant proposal?**

- Yes
- No

If yes, please indicate the following as a result of this grant request:

**Pounds of fresh/green food**

**Total economic impact to local community (if tracked)**

**Please describe how you are defining “economic impact”**

**Number of full-time equivalent (direct & indirect) jobs created (if applicable)**

**Emergency Shelter/Supportive Short-Term Housing**

If you selected Emergency Shelter/Supportive Short-Term Housing, please indicate the following based on this grant request:

**Will you provide emergency shelter as part of this grant proposal?**

- Yes
- No

If yes, please indicate the following as a result of this grant request:

**Number of bed nights**

**Will you provide supportive short-term housing as part of this grant proposal?**

- Yes
- No

If yes, please indicate the following as a result of this grant request:

**Average length of stay (in months)**

**Benefits Access and Referrals**

If you selected Benefits Access and Referrals, please indicate the following based on this grant request:

**Average number of direct services and benefits enrollment each program participant receives**

**Average number of program referrals each program participant receives**

**Integrated Services - Critical Needs**

Please indicate which services will be provided to individuals as a result of this grant proposal.

- Emergency Financial Assistance and Other Subsidies
- Financial Education Savings Products and Asset Building Tools
- SNAP
- VITA/EITC

If you selected Financial Education, please provide the following:

**Number of participants who opened asset building tools or savings products**

**Number of individuals demonstrating improved financial knowledge and skills**

**Please provide your Emergency Financial and Subsidy Assistance projections for this grant proposal.**

If you selected Emergency Financial Assistance and Other Subsidies, please provide the following:

**Average number of emergency financial assistance services and subsidies each program participant received**

**Referrals and screenings that resulted in at least one Receipt of benefit or income assistance Service**

**Total valuation of financial assistance, subsidies, and other benefits access services enrolled**

If you selected Savings Products and Asset Building Tools, please provide the following:

**Number of products and tools provided**

If you selected SNAP, please provide the following:

**Number of applications submitted**

**Number of applications accepted for SNAP benefits enrollment**

**Average annual household benefits value from SNAP**

If you selected VITA/EITC, please provide the following:

**Number of clients receiving the Earned Income Tax Credit:**

**Average refund amount:**

**Number of tax returns completed:**

**What is the average annual household benefits and/or income supports (in U.S. dollars) received by an individual and/or family as a result of this grant proposal?**

## **WORKFORCE DEVELOPMENT AND EDUCATION RFP QUESTIONS**

### **Grant Subcategories – Workforce Development and Education**

Please select the Subcategory that best describes the primary purpose of your specific grant proposal.

- High School Graduation and Post-Secondary Access
- Post-Secondary Completion
- Job Readiness for Unemployed and Underemployed
- Small Business Support

High School Graduation and Post-Secondary Access

If you selected High School Graduation and Post-Secondary Access, please indicate the following based on this grant application:

**Is this grant proposal focused on on-time grade promotion and/or high graduation?**

- Yes
- No

If yes, please indicate the following based on this grant request:

**Percentage of students entering post-secondary education or training:**

**Number of students graduating high school**

**Number of students with grade promotion**

**Number of students entering post-secondary education, who are the first in their families to attend an institute of higher education**

**Will this grant proposal provide or connect young people to internships, apprenticeships or social enterprise jobs?**

- Yes
- No

If yes, please indicate the following based on this grant request:

**Number of paid internships, apprenticeships or social enterprise jobs provided**

**Average wage earned**

**Average duration/length of placement (in months)**

**Number of unpaid internships, apprenticeships or social enterprise jobs provided**

**Please select the timeframe associated with these internships, apprenticeships or social enterprise jobs:**

- Summer
- School Year
- Both

**Post-Secondary Completion**

If you selected Post-Secondary Completion, please indicate the following based on this grant request:

**Are there internship or apprenticeship opportunities associated with this grant proposal?**

- Yes
- No

If yes, please indicate the following based on this grant request:

**Average duration/length of placement (in months)**

**Average wage (if applicable)**

**Number of individuals placed in internships or apprenticeships**

**Number of students who will graduate with a degree, credential or certification**

**Number of students who are the first in their families to attend an institute of higher education**

**Percentage of students placed in jobs upon program completion**

**Identify the primary sector/industry of focus for this grant proposal**

- Accounting
- Advertising/Public Relations/Marketing
- Aerospace
- Agriculture
- Airline
- Automotive
- Biotechnology/Pharmaceuticals
- Broadcasting/Publishing
- Construction
- Consumer Products
- Defense
- Education
- Energy
- Entertainment
- Financial Services
- Food & Beverage
- Health Care
- Hospitality/Tourism
- Information Technology
- Legal
- Manufacturing
- Nonprofit/Government
- Real Estate
- Retail Service
- Sports
- Telecommunications
- Transportation
- Not Applicable

**Job Readiness for Unemployed and Underemployed**

If you selected Job Readiness, please indicate the following based on this grant request:

**Number of individuals trained for jobs:**

**Number of individuals placed/hired in jobs:**

**Average duration/length of placement (in months):**

**Average monthly wage (if applicable):**

**For unemployed, percentage of job placements that sustained a livable wage:**

**For underemployed, average percentage increase in wage of participants after program completion:**

**Identify the primary sector/industry of focus for this grant request:**

- Accounting
- Advertising/Public Relations/Marketing
- Aerospace
- Agriculture
- Airline
- Automotive
- Biotechnology/Pharmaceuticals
- Broadcasting/Publishing
- Construction
- Consumer Products
- Defense
- Education
- Energy
- Entertainment
- Financial Services
- Food & Beverage
- Health Care
- Hospitality/Tourism
- Information Technology
- Legal
- Manufacturing
- Nonprofit/Government
- Real Estate
- Retail Service
- Sports
- Telecommunications
- Transportation
- Not Applicable

Supporting Small Business

If you selected Supporting Small Business, please indicate the following based on this grant request:

**Number of small businesses and microenterprises receiving technical assistance**

**Number of jobs retained or created**

**Are Integrated Services offered as part of this grant proposal?**

- Yes
- No

If yes, please indicate the following:

**VITA/EITC (Volunteer Income Tax Assistance/Earned Income Tax Credit)**

- Yes
- No

**Financial Education (Financial coaching, debt counseling.)**

- Yes
- No

**Basic Financial Assistance and Other Subsidies (Childcare, transportation, healthcare, food assistance)**

- Yes
- No

**Other (Services not covered in the categories above)**

- Yes
- No

#### **Mentoring/Coaching**

Mentoring/Coaching is defined as a structured, on-going relationship with a trusted individual for a minimum of six consecutive months and at least four hours per month aimed at developing the potential of a mentee.

#### **Are there Mentoring or Coaching opportunities associated with this grant proposal?**

- Yes
- No

If yes, please indicate the following based on this grant request:

**What frequency of contact (hours per month) does your organization require of mentors/coaches?**

**Number of mentor/mentee matches**

**Success rate in reaching required relationship commitment (in percentage)**

**What length of relationship commitment does your organization require (in months) of mentors/coaches?**

**Please select the delivery method(s) of mentoring/coaching**

- 1:1
- Individual to Group
- Peer-to-Peer
- Online
- Other

**If other, please explain why you selected it as a delivery method.**

#### **Connecting to Community Colleges**

Is the opportunity funded by this grant proposal provided by or connected to a community, technical or vocational college?

- Yes
- No

#### **Preparing for Green Jobs**

Is the opportunity funded by this grant proposal focused on green job training or placement?

- Yes
- No



## Economic Demographic Information

Please provide information that is specific to clients that will be served by this request. This includes defining LMI using a specific dollar figure or dollar range and the percentage of clients served meeting this criteria. Other examples include the percentage of clients served at or below the national poverty level or the percentage of clients served for such programs as free- or reduced-price lunch, Medicaid, TANF, etc.

### \*Low-to-Moderate Income

- Yes
- No

If yes, please complete the following based on this grant request:

#### Defining Low-and-Moderate-Income

Please describe how your organization defines low-and-moderate-income.

#### Economic Status

Please describe the economic status of the population or community that will be impacted by this grant proposal.

**Please provide the percentage of low-and-moderate-income individuals and families that will be impacted by this grant proposal.**

#### Verifying Economic Status

Please describe how your organization verifies that an individual or family qualifies as low-and-moderate income.

#### Affordable Housing

Do you provide affordable housing?

- Yes
- No

#### Small Business

Will grant funds be used primarily to support small businesses?

- Yes
- No

If yes, please provide the following based on this grant request:

#### Defining Small Business

Please describe how your organization defines small business, including your criteria for size eligibility.

#### Impact of Grant Request on Small Business

Please provide the following aspects of small business that will be impacted by your grant request.

**Gross Annual Revenue:**

**Number of Employees:**

**Do the small businesses impacted by this grant proposal provide jobs to low-and-moderate-income individuals?**

- Yes
- No

**Do the small businesses impacted by this grant proposal provide jobs in low-and-moderate-income communities?**

- Yes

- No

**Please indicate which communities (cities, neighborhoods, etc.) these small businesses impact.**

**Community Revitalization/Stabilization**

Will these grant funds be used to revitalize or stabilize a low-and/or-moderate income community?

- Yes
- No

**If yes, please provide specific street boundaries or census tracts for the area(s) that will be impacted by this grant proposal.**

**Will the program/project described in your grant proposal attract or retain the following in low-and/or-moderate income communities?**

- Jobs
- Residents
- Not Applicable

**Is the program/project described in your grant request part of a City, State or Federal redevelopment plan?**

- Yes
- No

**If yes, please cite the specific plan.**

**Additional Documentation**

Please upload the following supporting information, if available:

- Client intake questionnaires
- Client statistics reports
- Scholarship aid forms
- Revitalization plans
- Site listings and addresses



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## Contact Information

### \*Contact Salutation

- Dr.
- Mr.
- Mrs.
- Ms.

### \*First Name

### \*Last Name

### \*Address

### \*City

### \*State

### \*Zip

### \*Telephone

### Fax

### \*E-mail Address

### \*Job Title

### \*Contact Type

Select that which best describes this contact's affiliation to the organization and/or this request for funding.

- Board Member
- Consultant
- Contract
- Grant Writer
- Director of Development - Nonprofit
- Executive Director - Nonprofit
- Matching Gifts Contact
- Primary Organization Contact
- Primary Request Contact
- Staff - Nonprofit
- Trustee
- Volunteer
- Volunteer Grant Contact



## Grant Agreement

Now that you have completed your application, we propose that you accept the following conditions to any grant. By accepting these terms, you confirm certain information about your organization and your acceptance of requirements regarding payment of any donation. This process provides us with critical assurances before we can review your grant and does not create any agreement on behalf of the Bank of America Charitable Foundation to approve your grant application or to provide any donation to your organization. The acceptance of these conditions creates a legally binding agreement that your organization will adhere to these terms. Your agreement to these terms does not guarantee that your grant application will be approved by the Bank of America Charitable Foundation (the "Foundation").

### \*U.S. TAX STATUS:

Your organization represents, covenants and warrants that it has received its Section 501(C)(3) status from the Internal Revenue Service (the "IRS"), and is treated by the IRS as an organization that is not a private foundation as described in Sections 509(a)(1), (2) or (3) of the Internal Revenue Code (the "Code") and that there is no issue presently pending before any office of the IRS that could result in any proposed changes to your tax-exempt status.

\*Should your organization's status as a 501(c)(3) be revoked or modified during the term of any grant, your organization shall notify the Foundation promptly and return any unspent grant funds to the Foundation as of the date of such change.

### \*USE OF FUNDS:

A) The grants, and income earned thereon, may be expended only for charitable, religious, scientific, literary or educational purposes.

\*If a grant is made to your organization pursuant to this grant application, the donation is made only for the purpose(s) included in your application, and it is understood that these grant funds will be used only for such purpose(s), substantially in accordance with the application submitted by your organization and that your organization maintains authority over the use of the grant.

\*B) Your organization hereby agrees, represents and warrants that grant funds will not be used for any political campaign or to influence the outcome of any election, to carry on propaganda, to lobby or otherwise attempt to influence legislation or to conduct any activities described in Sections 4945(d) and (e) of the United States Internal Revenue Code and the Treasury Regulations thereunder.

\*Information regarding the types of activities prohibited under Section 4945 of the United State Internal Revenue Code and other impermissible activities should be directed to your organization's tax or legal advisor.

\*C) No portion of any grant funds shall be applied to satisfy any person's obligation to contribute to your organization.

\*D) No portion of the grant funds may be applied to satisfy any payments for loans from Bank of America or any subsidiary or affiliate thereof.

### \*NO TANGIBLE BENEFIT TO THE FOUNDATION:

Your organization will not provide items of tangible value to the Foundation in return for any donation to your organization.

### \*INDEMNITY:

Your organization agrees to indemnify, defend and hold harmless Bank of America, The Foundation and their subsidiaries, affiliates, successors, permitted assigns, officers, directors, agents, and employees from and against any and all third party claims, demands, actions or causes of action, liabilities, expenses (including reasonable

attorney's fees) and costs arising from the defense thereof ("Claims") arising out of or in any way connected with:

**\*ANTI-TERRORIST COMPLIANCE:**

Your organization represents, covenants and warrants that it is in compliance with all statutes, executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control.

Your organization is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanction program can be found at:

<http://www.treas.gov/offices/enforcement/ofac/>.

If your organization becomes noncompliant at any time subsequent to completing this certification, it will notify the Bank of America Charitable Foundation immediately.

\*A) Your organization's breach of this Agreement, or any covenants, representations, warranties herein.

\*B) The acts or omissions of your organization, its employees, or contractors in connection with this Agreement, or any events, programs or activities conducted in connection with this agreement.

\*C) Any infringement of the intellectual property rights of a third party by your organization

\*D) Your organization's failure to provide complete and accurate information when applying for a grant.

**\*RIGHT TO DISCONTINUE FUNDING:**

The Foundation reserves the right, in its sole discretion, to discontinue funding and to demand the return of the grant amount, or any portion thereof, and any income earned thereon, if the funds are not used in accordance with the Use of Funds section above. Additional installments of a multi-year grant will be paid only after the reporting requirements and all other grant terms are met.

**\*EVALUATING OPERATIONS:**

The Foundation may monitor and conduct an evaluation of operations under any grant, which may include a visit from Foundation personnel to observe and evaluate your operations and review financial and other records and materials connected with your organization.

\*The Foundation may request a written report on the outcome of any grant to your organization which you agree that your organization will complete in the format requested by the Foundation.

**\*FOUNDATION PUBLICATIONS:**

By submitting your request for a grant, you agree that the Foundation and its affiliates will have the right to include information about your organization, any grant made to your organization, and any other related information provided by your organization, in its advertising and marketing materials, public reports, and press announcements and releases in all forms of media throughout the world without compensation or consent.

**\*RECOGNITION:**

For grants where there is the possibility of recognition opportunities, your organization will work with a Bank of America representative regarding the parameters of any recognition.

\*Your organization shall obtain the prior written approval of the Foundation prior to any use of the Bank of America name or trademarks and such approvals do not give your organization any right, title or interest in the Bank of America name or trademarks.

**\*DUE AUTHORITY:**

The person completing these sections affirms that they are representing the applicant organization and has the authority to accept these conditions on behalf of the organization and bind it to these obligations and statements.

**\*ACKNOWLEDGEMENT OF TERMS AND CONDITIONS**

By acknowledging the terms and conditions, the person completing the application is affirming they are an officer of the donee organization with binding legal authority.

- AGREE
- DISAGREE

**\*PLEASE ENTER YOUR NAME (Not the name of the organization)**

**\*ARE YOU AN OFFICER OF THE COMPANY?**

- YES
- NO

**\*PLEASE PROVIDE THE CONTACT INFORMATION OF AN OFFICER OF THE ORGANIZATION FAMILIAR WITH THIS APPLICATION.**

**\*OFFICER NAME**

**\*OFFICER TITLE**

**\*OFFICER ADDRESS**

**\*OFFICER EMAIL ADDRESS**

**\*OFFICER TELEPHONE NUMBER**

If you are unwilling to agree to the terms outlined above, the Bank of America Charitable Foundation will not be able to fund your request.