

**Quitman Lake Country Charitable Foundation
Fund Grant Application Guidelines and
Procedures**

Benevolence Purpose and Scope: To provide a structure for the distribution of Benevolence/Disaster Relief/First Responder Fund resources of the Quitman Lake Country Charitable Foundation for the alleviation of poverty and economic hardship. The Benevolence Fund supports:

- Medical expenses that would otherwise lead to refusal of life saving services
- Food and water in times of temporary need
- Clothing expenses during disaster and extreme loss

Contact Person: Dick Roberts, droberts@lawyerdick.com, 903-763-2296 or Joanne Wisdom, joanne@drwisdom.net, 903-394-8941

Fund Application Decision Making Process: Regardless of who receives the initial request, the Benevolence Fund Chair will determine the best course of action for the Committee to take in response to the request. For priority requests special meetings may be called. For normal request processing the Committee will consider the request at its next scheduled meeting. Occasionally the Committee may request additional information regarding the request prior to making a final decision.

Notification of Grant Request: Applicants are informed of the Committee's decision on grants by the Benevolence Fund Chair. Normal processing time for application submission to decision is one month.

Grant Recipient Responsibilities:

All programs must be completed, and funds granted must be used within one year of the grant. Unused funds must be returned to the Fund. It would be meaningful for us to receive a simple story or report on the mission that was benefited by our gift. This way, all may more fully celebrate the impact of the program's mission. Finally, grant recipients may publicly acknowledge the Quitman Lake Country Charitable Foundation in communications, though the Chair may limit publicity.



QUITMAN LAKE COUNTRY

CHARITABLE FOUNDATION

Benevolence/Disaster Relief/First Responders Grant Application

Name of applicant/recipient: _____ Phone: _____

Does the proposed recipient or their family have any relationship to the Foundation? Yes No

Is the proposed recipient of this grant a first responder? Yes No

Date of Request: _____ Amount: _____ Funds needed by: _____

Purpose of the funds: _____

Signed: _____ Date: _____

Official Use Only:

Benevolence Committee Review: Date: _____ Approved: Yes No

Comments: _____

Benevolence Fund Committee Chair: _____ Date: _____