

“Impact in our communities”

380 Franklin St.
Rocky Mount, VA 24151

2021-2022 Charitable Grant Application (United States)

Grant Making Policies for Local Grants of Holley Family Foundation

The Holley Family Foundation seeks to fund worthwhile projects and programs in our community developed and administered by Virginia 501(c)(3), non-profit organizations. Priority consideration for funding will be given to those proposals that address the needs of the following: Children and youth, First responders, Military organizations, local entrepreneurship, and young people who would not otherwise have access to programs. We want to be able to easily see the impact of our donations. So, tangible investments will be prioritized rather than donating to an organization’s general fund. We will also prioritize projects in Holley Insurance’s local service areas of Franklin, Bedford, and Roanoke Counties along with the cities of Roanoke and Lynchburg. Please note the typical grant award is between \$200.00 and \$3,000.00.

Grants must be submitted electronically in PDF format on or before 5p.m. on the last day of each quarter to be considered. If the grant proposal is submitted after date and time it may not be considered for that quarter.

Grant Document Checklist:

- Each question on grant application must be answered completely.
- A budget for the requested funding or a detailed description of how funds will be utilized and number of people who will benefit from funding is required.
- Determination Letter from IRS with Corporate Status.

*Note: If the grant is not complete it may not be considered.

A representative from the organization submitting the grant may contact The Holley Family Foundation by email within 48 hours of submittal of the grant to confirm it was received.
Contact: Steve Holley 540-334-4225 steve@holleyinsurance.com

Organization Name:			
Address:	City:	State:	Zip:
Contact Name:			
Telephone:	Office:	Fax:	
Email:		Website:	

Amount of Funding Request	\$
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Will this project be funded from sources other than The Holley Family Foundation?

Yes No

If you answered yes, list grantors/funders:

If this projected is not fully funded, do you agree to return the grant to The Holley Family Foundation?
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Yes No

Has your organization ever received funding from The Holley Family Foundation?
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Yes No If you answered yes, when? _____

What is the mission of your Organization? (Attach organization brochure if applicable.)

Attach Internal Revenue Service (IRS) determination letter
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A) Description of the project, B) use of funds, and C) how many people will benefit.

Where are the beneficiaries located?

Who are the beneficiaries of the program or projects? (First responders, military, children, etc.)

Is there a Holley Insurance connection with your organization? Does a member of the Holley Family Board serve your organization? If so please provide info below.	
Name of Contact:	Title:
Telephone:	Email:
Connection with:	

How did you find out about our Foundation?

Please list or attach any additional information that you consider pertinent.

The Trustees of the Charitable Fund may require a final accounting of the grant provided by the funding for your project. Your organization agrees to provide a final accounting within (30) days of a written request for same by the Trustees as a condition for approval of this application.

Application for a Charitable Grant submitted by:	
Name	Signature
Title	Date

Approved by Charitable Fund Application Review Committee:

Chairperson: _____ Signature: _____

Date: _____

Approved by the Holley Family Fund Trustees

Chairperson: _____ Signature: _____

Date: _____