

The
BEAR FAMILY
FOUNDATION

Our Mission

To initiate a family tradition of philanthropic giving through financial donations and volunteerism to our communities from generation to generation. To help support quality non-profit organizations which better the lives of those with needs living in Northwest Florida.

2024 Grant Application

For questions regarding the grant process contact: CindiFBear@aol.com. Organizations eligible to apply for funds from the Bear Family Foundation must meet the following criteria:

- Tax-exempt public charity under section 501(c) (3) of the Internal Revenue Code
- Based in Northwest Florida, or a recognized local chapter of a state or national charity serving this region
- Registered with the Florida Division of Corporations as a non-profit corporation
- Application must be received between October 15 and November 1, 2024

Checklist

- Completed Grant Application (do not staple pages together, must be received between Oct 15 - Nov 1, 2024)
- Copy of your 501(c)(3)
- Current list of your organization's Board of Directors
- Project Narrative (limit to two pages)

MAIL TO:
Bear Family Foundation
c/o Cindi F. Bear
6120 Enterprise Dr.
Pensacola, Florida 32505

Contact Information

Organization Legal Name and DBA *(if applicable)* _____

Executive Director *(please print)* _____

Chairman of Board of Directors *(please print)* _____

Contact Person *(please print)* _____

Contact Phone _____ Contact Email _____

Website _____

Mailing Address _____ Street Address _____

Certification

The organization listed and its Board of Directors, authorize submission of this funding proposal. Its tax exempt status under Internal Revenue Code Section 501(c)(3) has not been revoked or modified. We certify that, to the best of our knowledge, the statements contained in this application are true, correct and complete.

Executive Director:

Signature _____

Print Name _____

Date _____

Board of Directors Chairperson:

Signature _____

Print Name _____

Date _____

Organization Information

Name of Organization _____ Year Founded _____

Summary of Organization's History _____

Organization's Mission Statement _____

Geographic Area Served _____ Amount Requested \$ _____

Percentage of Directors who contributed financially to the organization in the last 12 mo. _____

of Directors on Board _____ # of Employees: Full-time _____ Part-time _____

Your Non-Profit Organizational Budget

	Estimated 2024	Previous Year 2023	Previous Year 2022
BEGINNING CASH BALANCE:			
Government grants (specify)			
Government contracts (specify)			
Foundations			
Corporations/Businesses			
Civic or Community Groups			
United Way			
Individual Contributions (excluding Board of Directors)			
Board of Directors Contributions			
Fundraising activity (events)			
Membership Income			
In-kind Support			
Investment Income			
Endowment Earnings			
Earned Income			
Other (specify)			
Total Revenue:			
Salaries and Wages			
Employee Benefits and Taxes			
Consultants and Professional Fees			
Fundraising Costs			
Travel			
Equipment/Supplies/Printing/Copying			
Communication (phone, fax, website)			
Postage and Delivery			
Rent and Utilities			
Marketing and Promotion			
Depreciation			
Other (specify)			
Total Expenses:			
ENDING CASH BALANCE:			