



VARIETY

The Children's Charity

TENT 5, DETROIT, MICHIGAN

30161 Southfield Road Suite 301
Southfield, MI 48076
(248)258-5511
Fax (248) 258-5575
E-Mail Variety5@msn. com
Web Site Variety-Detroit.com

The primary objective of Variety, The Children's Charity is to generate funds to benefit children in need throughout the greater Detroit area. Qualifying organizations are invited to mark grant applications to Variety.

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Among the many kinds of requests which will be considered by Variety are those which:

- benefit children with physical or mental handicaps
- benefit underprivileged children
- provide necessary medical treatment or support
- provide necessary psychological treatment or support.

Unfortunately, Variety is unable to grant funds to individuals. Requesting organizations must complete the entire application form and provide a copy of a current audited financial statement.

Grant requests are screened and evaluated by the Variety Heart Committee. The Committee's recommendations are reviewed with the Past Presidents Council. The recommendations of the Committee and the Council are brought forth to the Board of Directors for a vote.

The Heart Committee weighs numerous criteria in the consideration process, including:

- how will the request benefit children?
- how many children will it benefit?
- are the children benefiting from the Detroit or Southeastern Michigan area?
- is the organization financially viable?
- how long has the program been in place and what has its recent history been?
- is it a start-up program?
- is the need in the nature of operating cash, or capital addition (bricks and mortar)?
- what are the other sources of funds for the organization and/or program?
- are the requested funds to expand an existing program?
- what kind of overhead structure does the organization have?
- how much of the support and revenue of the organization benefits the cause vs. funding the overhead?
- Is there any kind of recognition of acknowledgement Variety can anticipate from the recipient?

To provide vital medical and therapeutic services, recreational facilities and educational opportunities to children with special needs

After an application is received, representatives of the Heart Committee will arrange for an on-site visit during which the entire application will be reviewed and the above questions pursued. Assignment, review and approval typically require four months time. It is the policy of the Heart Committee to provide the requesting organization an acknowledgment letter upon receipt of the request. While the acknowledgment does not reference specific time frames, it does state that review and approval is an involved process and may extend for several months. Requesting organizations are requested to contact the Variety Office should they want to know the status of their request. Applications should be addressed to:

Ms. Jennie Cascio Executive Director
Variety, The Children's Charity
30161 Southfield Road, Suite 301
Southfield, MI 48076



Cranbrook Centre
30101 Southfield Road, Suite 301
Southfield, MI 48076

(248) 258-5511
Fax (248) 258-5575
E-Mail VARIETY5@MSN.COM

GRANT APPLICATION

Date of Application _____

PLEASE PRINT OR TYPE

1) ORGANIZATION INFORMATION

Name in Full _____

Street Address _____

City _____ State _____

Area Code & Telephone () _____ No. Fax No. () _____

Contact Person (Name & Telephone No.)

_____ Title _____

Telephone No. (if different from above) _____

Name of specific department, program or service which funds are being requested:

Address from above: _____

Are you a tax exempt organization for Federal Income tax purposes? Yes _____ No _____

Are contributions to your organization deductible under Internal Revenue Code Sec. 170?

Yes _____ No _____

Internal Revenue Code Section under which tax exemption is granted _____

Board of Directors (Attach list of names, addresses & telephone numbers as Schedule "A")

History of Organization (State briefly. Include your mission statement, year of inception, state of incorporation, population served, etc. and attach brochure of program aims/goals as Schedule "B")

2) FINANCING

Do you have secure operational financing for this program/service? Yes _____ No _____

For what period of time? _____

Sources of funding (include government sources, United Way, other service clubs, fund-raising efforts, private donations, fees for service, etc.)

Attach evidence of support from government agency(ies) that provide(s) you with operational funding (if applicable) as Schedule "C."

Attach a copy of your latest audited Financial Statement as Schedule "D".

3) REQUEST INFORMATION

Specific type of project/program

No. of children participating in this project/program _____

No. of children who will benefit directly from this request _____

Age ranges:	Infants	0 -3 yrs.	No. _____
	Pre-schoolers	3 -5/6 yrs.	No. _____
	School age	6 -12 yrs.	No. _____
	Teens	13-18 yrs.	No. _____

Identify contributing conditions/circumstances affecting these children, disabling categories as well as cultural, economic:

Typical _____

Check all applicable categories pertaining to this request

Construction of new facility	<input type="checkbox"/>	Renovations to existing facility	<input type="checkbox"/>
Design/architectural fees	<input type="checkbox"/>	Preparation of site	<input type="checkbox"/>
Furnishings	<input type="checkbox"/>	Equipment	<input type="checkbox"/>
Research	<input type="checkbox"/>	Prevention	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Arts	<input type="checkbox"/>
Residential	<input type="checkbox"/>	Educational	<input type="checkbox"/>
Recreational	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>

Please submit detailed project/program plans as Schedule "E" (if applicable).

Project/program start date _____ Project/program completion date _____

Describe how the project/program will benefit the children in our care _____

Benefits to the overall community? _____

How often will project/program items be utilized? Daily _____ Weekly _____ Other _____

Will the facility, equipment be utilized/shared with others in your organization? _____

With others in your community? _____

Total costs for project/program completion? \$ _____

Amount requested from Variety? \$ _____

State all other funding resources you have approached. Identify sources, amount confirmation/rejections, pending (with date):

4) LIST OF ITEMS TO BE PURCHASED

Prioritize in order of need. Note: All shipping, handling, applicable taxes and currency exchange are the **full responsibility** of the applicant. If additional space is required, photo copy this page and securely attach to this page.

(Do **NOT** include taxes, etc.)

Item	Description (size/make model/service, etc.)	Source	Quantity	Unit Cost	Total
Totals					

Have you received previous Variety grants? _____ (If so, when?) _____

For what (include Sunshine Coaches)?

Project	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Present status of previous donation(s)? _____

As a recipient of a Variety grant, you agree to acquire and maintain adequate insurance coverage. You further represent this to the best of your knowledge and belief, your organization is in full compliance with all applicable Federal, State and Local laws and regulations. If this grant is approved, details will be provided to your organization under separate cover.

Authorized Signature: _____

Print name

Signature

Title

Date

DO NOT WRITE BELOW THIS LINE

Date received: _____

Date to Committee: _____

Approved: _____

Denied: _____

Date to Trustees: _____

Date to Board: _____

Signature: _____