

## PROCEDURE FOR ELIGIBILITY

In order for the Board of Directors of CAFAmerica to consider your organization for eligibility to receive CAFAmerica grants, we ask that you complete and return the enclosed Grant Eligibility Application (GEA). Please note that we will not be able to consider eligibility for your organization until all documents are submitted.

In addition to the completed, signed GEA we require the following documents:

- A copy of your organizing documents, such as your constitution, trust deed, by-laws, or charter. These documents should provide information relating to the establishment of the organization, selection of directors or trustees, and what will happen to funds in the event of dissolution. CAFAmerica is required to collect an English translation of this document. The translation does not need to be professional or notarized.
- Proof of your registration as a Not-For-Profit organization. We require the untranslated copy as well as a translated version.
- A description of your organization's programs and activities. You may provide a brochure, annual review, a sample of your fundraising leaflets or other written materials.
- Your most recent financial statements together with a detailed list of your funding sources and expenditures. Information relating to funding sources and expenditure items should be translated into English.
- A list of your current Trustees or Directors with a description of how Trustees or Directors are selected.
- If CAFAmerica has not directly requested you to complete a grant eligibility application, you will be required to pay the \$500 processing fee by check or money order made out to CAFAmerica.

Please mail the GEA or send as a scanned image by email to:

CAFAmerica  
1800 Diagonal Road, Suite 150  
Alexandria, VA 22314-2840

[apply@cafamerica.org](mailto:apply@cafamerica.org)

Please note that eligibility does not guarantee receipt of grants from CAFAmerica. CAFAmerica's Board of Directors must approve each suggested grant.

All donor contributions to CAFAmerica become the property of CAFAmerica and CAFAmerica has ultimate control, authority and discretion with regard to its assets. All grants made by CAFAmerica are in its sole and independent discretion.

# GRANT ELIGIBILITY APPLICATION (GEA)

PLEASE TYPE OR PRINT CLEARLY

|  |  |                      |  |
|--|--|----------------------|--|
| Official Name of Your Organization                         | <input type="text"/>   |                      |  |
| “Doing Business As” Name (if different from official name) | <input type="text"/>   |                      |  |
| Address (Line 1)   | <input type="text"/>   |                      |  |
| Address (Line 2)   | <input type="text"/>   |                      |  |
| Address (Line 3)   | City   | <input type="text"/> |  |
| Province, County or State                                  | Postal Code  | <input type="text"/> |  |
| Country  | Facsimile Number   | <input type="text"/> |  |
| Telephone Number   | Email  | <input type="text"/> |  |
| Website  | <b>We will contact you by email, please provide a DIRECT, VALID email address.</b> |                      |  |
| Name of Contact Individual                                 | <input type="text"/>   |                      |  |
| Position Title   | <input type="text"/>   |                      |  |

**CAFAMERICA MUST RECEIVE THE FOLLOWING INFORMATION BEFORE IT IS ABLE TO CONSIDER A GRANT. PLEASE ANSWER ALL QUESTIONS AND INCLUDE ALL MATERIALS REQUESTED. THIS INFORMATION IS LEGALLY REQUIRED FOR CAFAMERICA’S CONSIDERATION OF A GRANT TO YOUR ORGANIZATION AND YOUR PERIOD OF ELIGIBILITY WITH CAFAMERICA. ATTACH ADDITIONAL SHEETS AS NEEDED.**

1. What is the primary purpose of your organization (please describe)

2. Is your organization officially classified or recognized as a charity, public benefit organization, or other nonprofit organization by the government of your country?  Yes  No

A. If Yes, please quote your registration number  and **attach a copy of your certificate of registration** or other evidence of your non-profit/charitable status.

B. If No, please explain:

3. A. Please briefly describe your organization's goals:

B. Please briefly describe your organization's programs and activities:

C. How would a grant from CAFAmerica be applied to your programs and activities?

- D. The organization requests permission to use CAFAmerica's grant funds to **(please ✓ each box that applies)**:
- conduct activities in, or travel to or from, the United States of America
  - create, develop, or acquire an endowment, real estate, or other capital assets with a useful life of over 1 year
  - make grants to individuals or organizations
  - none of the above

**NOTE: SUCH USES OF FUNDS REQUIRE ADVANCE APPROVAL FROM CAFAMERICA AND MAY INCREASE YOUR DOCUMENTATION AND REPORTING REQUIREMENTS. IF YOU CHECK ONE OF THE FIRST THREE BOXES, YOU WILL BE SENT ADDITIONAL QUESTIONS ABOUT THESE ACTIVITIES.**

4. Does your organization have **(please ✓ each box that applies)**:

- a charter
- a trust deed
- bylaws
- other organizing document *(please describe)*

**PLEASE SEND CAFAMERICA ONE COPY OF EACH DOCUMENT THAT HAS BEEN CHECKED ✓ ABOVE (PREFERABLY IN ENGLISH). WE CANNOT CONSIDER A GRANT TO YOUR ORGANIZATION UNTIL THIS DOCUMENT IS RECEIVED. IF NO SUCH DOCUMENT EXISTS, PLEASE ATTACH AN EXPLANATION.**

5. When was your organization established and under the laws of which country? 

|  |  |
|--|--|
|  |  |
|--|--|

  
Year Country

6. What date does your fiscal year end?

7. Is the organization controlled by or operated in connection with any other organization?  Yes\*  No

**\*IF YOU ANSWERED YES TO QUESTION 7, PLEASE ATTACH AN EXPLANATION.**

8. Does your organization have a current letter from the U.S. Internal Revenue Service confirming the organization's charitable status?  Yes  No

If **YES**, please check the applicable box and attach a copy of the relevant IRS letter:  509(a)(1) public charity  
 509(a)(2) public charity  509(a)(3) supporting organization *(you may be asked to provide further information)*  
 4942(j)(3) private operating foundation  other private foundation  other  no letter available

9. If your organization has a formal relationship with any U.S. charity, such as a "friends of" organization, please provide the name of the organization: \_\_\_\_\_

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10. The organization is operated exclusively for the following purposes (CAF America will refer to these as your "charitable purposes") (Please check **all** that apply):  charitable  religious  educational  scientific  literary  fostering national or international amateur sports competition  prevention of cruelty to animals or children

11. Does your organization intervene directly in political campaigns for or against candidates for elective public office, or does it fund other organizations to do so?  Yes  No

12. Does your organization attempt to influence legislation, by propaganda or otherwise, except as an insubstantial part of its activities?  Yes  No

13. Does the organization have shareholders or members who have an ownership interest in its income or assets?  Yes  No

**IF YOU CHECKED "YES" FOR ONE OR MORE OF QUESTIONS 11–13, PLEASE ATTACH A DETAILED EXPLANATION TO YOUR APPLICATION.**

14. Under the laws and customs applicable to the organization or under the organization's governing documents, do **all** of the following apply?  Yes  No

- A. The organization is not permitted to distribute its assets or income for the benefit of any private person or non-charitable organization (other than as part of the organization's charitable activities, as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property purchased by the organization).
- B. The organization cannot devote any substantial part of its activity to non-charitable purposes.
- C. If the organization were to be liquidated or dissolved, all of its assets would be distributed to another not-for-profit organization to be used for charitable purposes, or to a government instrumentality.

**IF YOU CHECKED "NO" FOR QUESTION 14, PLEASE ATTACH A DETAILED EXPLANATION TO YOUR APPLICATION.**

**PLEASE ATTACH A COPY OF THE LEGAL PROVISION (IN YOUR GOVERNING DOCUMENTS OR ELSEWHERE) THAT WOULD APPLY IF THE ORGANIZATION DISSOLVED.**

15. The organization meets the following condition(s) (Please check **all** that apply):

- A. The organization is a **church**.
- B. The organization is a **hospital** operated for the benefit of its community. (Please check **all** that apply):
  - A majority of its governing body consists of community leaders, experts, and members of the public, rather than physicians with a professional interest in practicing at the hospital.
  - Medical staff privileges at the hospital are generally open to all qualified physicians.
  - The organization operates an emergency room (or A&E) open to all regardless of ability to pay.

**IF THE HOSPITAL DOES NOT OPERATE AN EMERGENCY ROOM (OR A&E), PLEASE ATTACH AN EXPLANATION AND INDICATE ANY OTHER WAYS THAT THE HOSPITAL BENEFITS THE COMMUNITY OR MEETS THE HEALTH CARE NEEDS OF THOSE WHO CANNOT AFFORD TO PAY THE FULL COST OF THEIR HEALTH CARE.**

- C. The organization is a **school, university, or similar educational institution**. (Please check **all** that apply):
  - Its primary purpose is to provide instruction to students according to a set curriculum.
  - It has a faculty and a regularly enrolled body of students, most of whom physically attend the school.
  - It does not discriminate on the basis of race, creed, color, religion, or national origin.  
(Please attach the organization's written policy on nondiscrimination.)
- D. The organization is a **government entity or agency**. (Please check **all** that apply):
  - A controlling majority of its governing body consists of, or is appointed by, government officials.
  - It regularly receives significant funding from the government (Please provide approximate percentage of annual income: \_\_\_\_\_%).
  - It performs its activity on behalf of the government or in fulfillment of the government's purposes.
  - Its budget and operations are subject to government oversight or approval.
  - It was created by legislation, regulation, decree, or similar governmental act.

16. For **each** of the past three fiscal years, were the organization's total expenditures for the direct conduct of its own charitable activities (not including grants to individuals or to other organizations) **both**:
- (i) greater than the organization's gross income from sources other than donations or during that year (e.g. total income minus any donations or grants); **and**
  - (ii) greater than 3 1/3% of the highest value of the organization's assets during the year (not including assets used directly in charitable activities such as buildings, equipment, etc.)?
- Yes     No

IF YOU ANSWERED "NO," PLEASE INCLUDE FINANCIAL STATEMENTS FOR YOUR PAST THREE FISCAL YEARS:  200\_     200\_     200\_

17. Does the organization normally receive a significant amount of its funding in the form of gifts or grants from government entities, U.S. public charities, or a significant number of unrelated private donors?  Yes     No

# Charities Aid Foundation America

King Street Station, 1800 Diagonal Road, Suite 150, Alexandria, VA 22314-2840

THE FOLLOWING AGREEMENT IS PART OF THE GRANT APPLICATION PROCESS. NO DECISION WILL BE MADE UNTIL CAFAMERICA HAS REVIEWED YOUR SUBMISSION. IF CAFAMERICA DECIDES TO MAKE A GRANT TO YOUR ORGANIZATION, AN AUTHORIZED REPRESENTATIVE OF CAFAMERICA WILL SIGN THIS AGREEMENT AND RETURN A COPY TO YOU. THE AGREEMENT IS NOT LEGALLY EFFECTIVE UNLESS IT IS SIGNED BY AN AUTHORIZED REPRESENTATIVE OF CAFAMERICA.

## AGREEMENT

On behalf of \_\_\_\_\_ (“the Organization”) I agree that any funds which Charities Aid Foundation America, Inc., (“CAFAmerica”) may grant to the Organization during its Eligibility Period (defined below) (collectively, the “Grant”) will be used as follows:

- The Grant, any income earned on Grant funds, and any capital assets created, developed, or acquired with the Grant funds will be used only for charitable purposes, specifically to fund the charitable activities described in Part 3B and C of the Organization’s Grant Eligibility Application (“GEA”) and only for expenses incurred after the payment of this grant.
- All Grant funds and income thereon must be maintained in a separate account dedicated to conducting the charitable activities described in Part 3B and C of the Organization’s GEA, either as (1) a physically separate bank account, or (2) a separate bookkeeping account maintained as part of the Organization’s financial records.
- The Organization will provide CAFAmerica with annual written reports, signed by an officer of the Organization, describing its use of the Grant funds, compliance with the terms of the Grant, the progress made in accomplishing the purposes of the Grant during that fiscal year, and any changes to the information submitted in this GEA. Such reports shall be due at such time as CAFAmerica shall specify, but never less than two months nor more than 5 months after the end of the Organization’s fiscal year. Annual reports are due beginning with the first fiscal year in which the Organization receives grant funds and continuing each year thereafter until the Eligibility Period has expired and the Grant is spent in full, or until the Grant is otherwise terminated. After the Eligibility Period has expired and the Grant has been spent in full, the Organization must submit, along with its last annual report, a final cumulative report detailing all Grant expenditures (including salaries, travel, and supplies) and indicating the progress made toward the goals of the Grant during the entire period.
- The Organization will not use the Grant, directly or indirectly:
  - to carry on any propaganda or otherwise attempt to influence legislation;
  - to influence the outcome of any specific public election or to carry on any voter registration drive;
  - to conduct activities in (or travel to or from) the United States of America (unless the Organization is a U.S. entity);
  - to induce or encourage violations of law or public policy or to cause any improper private benefit to occur;
  - to provide tuition, medical expenses, or other economic benefits to a donor, a donor’s advisor, or a member of a donor’s family;
  - except as provided in a separate written agreement with CAFAmerica, to make any grants to individuals or organizations, or to create, develop, or acquire any capital asset with a useful life of over one year;
  - or to take any other action inconsistent with Section 501(c)(3) of the Internal Revenue Code.
- The Organization does not knowingly employ individuals or contribute funds to organizations that the Organization otherwise knows to support terrorism or to individuals or organizations found on any terrorist-related list promulgated by the U.S. Government, the United Nations or the European Union, including the Department of Treasury’s Office of Foreign Assets Control Specially Designated Nationals List, the Department of Justice’s Terrorist Exclusion List and the list annexed to Executive Order 13224.
- The Organization will maintain records of receipts and expenditures of Grant funds for a period of 7 years after the grant funds have been expended. The Organization will make such records available to CAFAmerica for inspection, upon request. CAFAmerica may monitor and conduct an evaluation of operations under the grant, which may include a site visit arranged by CAFAmerica to observe the Organization’s program, discuss the program with the Organization’s personnel and review financial records and other materials connected with the activities financed by the grant. CAFAmerica will review the quality of work done and the progress made under the grant prior to each payment. If CAFAmerica is not satisfied or determines that the Organization is not capable of satisfactorily completing the Grant, CAFAmerica may, in its sole discretion, withhold payment of Grant funds, or declare the Grant terminated.

- If the Organization is dissolved, if the Grant is terminated, or if the Organization is otherwise unable to use the grant for the activities described in Part 3B and C of the GEA, the Organization will promptly return any unexpended grant funds to CAFAmerica.
- The Organization and its authorized signatory certify that the responses to this Grant Eligibility Application are true and complete. If they are not, CAFAmerica may declare the Grant terminated and require repayment of some or all of the Grant.
- If any portion of the Grant is used for any purpose other than those described in Part 3B and C of the GEA, the Organization will promptly notify CAFAmerica. CAFAmerica will withhold any further payment of Grant funds until it has received assurance that the Organization has taken appropriate precautions sufficient to prevent future misuse from occurring. In addition, CAFAmerica may require the Organization to repay some or all of the Grant funds.
- The Eligibility Period starts on the date this Agreement is signed on behalf of CAFAmerica and continues for two years (or, if the Organization is a U.K., Canadian, or Australian charity, three years) or until the Grant is otherwise terminated.
- The Organization understands that any Grant from CAFAmerica does not confer upon the Organization any special recognition from, endorsement by, or affiliation with CAFAmerica.
- This Agreement is governed by the laws of Virginia and, with respect to the Grant, supersedes all prior agreements of the parties.

**PLEASE SIGN BELOW. UNSIGNED APPLICATIONS CANNOT BE ACCEPTED.**

|   |                             |     |                              |    |                      |
|---|-----------------------------|-----|------------------------------|----|----------------------|
| <b>Agreed and Accepted</b> (Organization Name): _____ |                             |     |                              |    |                      |
| by  | <input type="text"/>        | its | <input type="text"/>         | on | <input type="text"/> |
|   | <i>Authorized Signature</i> |     | <i>Position of Signatory</i> |    | <i>Date</i>          |
| <b>Agreed and Accepted: CAF America</b>               |                             |     |                              |    |                      |
| by  | <input type="text"/>        | its | <input type="text"/>         | on | <input type="text"/> |
|   | <i>Authorized Signature</i> |     | <i>Position of Signatory</i> |    | <i>Date</i>          |

# CAFAmerica Request for Wire Transfer Information

\_\_\_\_\_  
<nonprofit name here>

As part of our ongoing efforts to support international philanthropy as safely and effectively as possible, CAFAmerica is now making all grants by wire transfer. Please complete this form and return it to our office by fax to (1)(703) 549-8934, by post to CAFAmerica, 1800 Diagonal Road Suite 150, Alexandria, VA 22314, USA; or by email to [info@cafamerica.org](mailto:info@cafamerica.org).

**Please complete as thoroughly as possible, print legibly or type.  
Please complete ALL applicable fields. Incomplete information can delay grants.**

|   |  |
|---|--|
| <b>Account Name</b>                                   |  |
| <b>Bank Name</b>                                      |  |
| <b>Bank Address</b>                                   |  |
| <b>Account Number / IBAN number</b>                   |  |
| <b>SWIFT Code / Sort Code / Domestic Routing Code</b> |  |
| <b>Currency Preferred</b>                             |  |

**Please complete Intermediary Bank information only if an intermediary bank is used**

|   |  |
|---|--|
| <b>Intermediary Bank</b>                  |  |
| <b>Intermediary Bank Address</b>          |  |
| <b>Intermediary Bank ABA / SWIFT Code</b> |  |
| <b>Intermediary Bank Account Number</b>   |  |

I confirm that the above information is for an account that solely benefits the above named charity.  
I understand that this is my default account, and any grants from CAFAmerica will be directed to this account and that I am responsible for providing CAFAmerica with any changes to the charity account.  
I understand that all grants made by CAFAmerica into this account are subject to the terms of the CAFAmerica Grant Agreement.

\_\_\_\_\_  
signed

\_\_\_\_\_  
dated

\_\_\_\_\_  
print name & title