[[1]](#footnote-1)

**Dear Charity,**

**To qualify as a charity to be considered as part of the Smith Mountain Lake Charity Home Tour, all charity application criteria must be met.**

**Charity Application Criteria**

1. The charity must possess a 501(c) 3 tax-exempt status.
2. The charity must provide services directly to the people in the Smith Mountain Lake geographic area.

***Note: Smaller charities may apply as one unit, combining their volunteers and splitting the proceeds. However, each charity will be required to complete the pre-requisite information individually, then combine and submit as one package.***

1. Each charity chosen must be prepared to supply 7 Key Volunteers as defined in the Charity Key Volunteer Roles which you can find on the website.

* It is not necessary that these 7 Key Volunteers come directly from your employee or volunteer pools. It is necessary that the charity take responsibility for the identification, placement, and commitment of those identified.
* No key volunteer should be assigned to more than one job due to the work commitment for each position.
* Your 7 Key Volunteers must have good organizational, computer and communication skills.

1. At the Charity Kick-off event, each charity will be required to execute a Participation Agreement. Please be sure to review this document before applying.

**If your charity can satisfy the above requirements, please continue to the next page, and complete the application.**

Diagram, logo

Description automatically generated

**Charity Application**

Charity Name:\_\_\_\_\_\_\_

Charity Name;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

EIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Alternate Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



(Application Continued)

1. Provide a listing of your Board of Directors and their contact information.
2. Provide a description of services the charity provides along with the number of those served in the SML geographic area.
3. Provide a statement of how awarded funds will be utilized.
4. Provide an overview of the number of current employees and volunteers who are with your charity.
5. Provide a statement describing why your charity should be chosen as a participating charity.
6. Provide your 501(c) 3 tax-exempt status letters from the IRS affirming status.
7. Provide the charity’s most current audited financial statement. A compilation will be acceptable.
8. Provide a list of your 7 Key Volunteers. A key volunteer cannot fill two positions. (Complete the form on page 4.)

**Please submit the above-referenced information in chronological order.**

(Application Continued)

**SML Charity Home Tour**

**Key volunteers**

**CHARITY NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE** | **NAME** | **PHONE**  **(C or H)** | **EMAIL ADDRESS** |
|  |  |  |  |
| Charity Team Leader |  |  |  |
|  |  |  |  |
| Co-Lead |  |  |  |
|  |  |  |  |
| Ticket Lead |  |  |  |
|  |  |  |  |
| Sponsorship Lead |  |  |  |
|  |  |  |  |
| Recruitment Lead |  |  |  |
|  |  |  |  |
| Traffic Captain |  |  |  |
| Traffic Co-Captain |  |  |  |
|  |  |  |  |

**(Application continued)**

**APPLICATION DEADLINE:** **Monday, November 22, 2021**

**If you choose to mail your application, please submit three copies.**

**Email or Mail Application To:**

**SML Charity Home Tour c/o Charity Administrator**

**P.O. Box 416**

**Moneta, VA 24121**

**charitysmlcht@yahoo.com**

The SML Charity Home Tour is entirely volunteer-driven and supported. While every effort is made to keep administrative costs to the lowest level possible, no guarantees are made or implied regarding the dollar amount of funds that will be available for distribution after the event.

By applying to the SML Charity Home Tour, the applicant consents to having an independent Selection Committee review the applications.

Revised 11/3/2021 MJW

1. [↑](#footnote-ref-1)