

**2024 Charity Application**

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| Charity Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Charity’s Executive Director or Board Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Person (Charity Team Leader) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please submit the following information to us.

1. Provide your 501(c)3 tax-exempt status letter from the IRS affirming such status.
2. Provide a description of the services your charity provides, along with the number of those served in the SML geographic area.
3. Provide a statement describing why your charity should be chosen as a participating charity and how awarded funds would be utilized.
4. Provide a copy of the charity’s IRS Form 990, 1120 (or similar) of your most recent tax return or your most current audited financial statement (a compilation is acceptable).

1. Provide an overview of the number of current employees and volunteers who are affiliated with your charity.

Please have the charity’s Executive Director or Board Chairman complete and sign the following statement:

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Charity Team Leader’s name) to submit an application for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Charity’s name) to be a participating Charity in the 2023 Smith Mountain Lake Charity Home Tour and to sign the Participation Agreement on my behalf. I will support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert Charity Team Leader’s name) in this regard.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Both mailed (paper) and emailed (scanned) applications are acceptable. Submit your completed application and all supporting documentation by **Friday, November 21, 2023** to Marci Waro at:

SML Charity Home Tour, Inc., c/o Charity Administrator, P.O. Box 416, Moneta, VA 24121 or [smlcharityhometour.charityadm@gmail.com](mailto:smlcharityhometour.charityadm@gmail.com)

*Note: By applying to the SML Charity Home Tour, the applicant consents to having an Independent Selection Committee review the application.*