

## **GRANT INFORMATION 2024**

Venturi Brighter Day Employee Fund, LLC., is a non-profit corporation with the aim to provide services and financial support to local non-profit organizations designed to aid those in need. Venturi, LLC. employees through this corporation serve the community by sharing their time and resources to support the needs of the local area. Venturi Brighter Day Employee Fund is funded by employees of Venturi, LLC. and is administered by the employees through the Brighter Day Board of Directors.

Eligibile non-profit organizations may apply for Venturi Brighter Day Employee Fund Grants by submitting an application based on the following information and instructions.

### **Eligibility**

- Must be a non-profit organization recognized under section 501(c)(3) of the Internal Revenue Code and contributions shall be deductible by donors under section 170 of the Internal Revenue Code.
- Must be a community-based organization operating in the area of Venturi, LLC. Employee's Residence.
- Services rendered by agency must be open to all members of the community regardless of sex, race, religion, political affiliation, ability to pay or background.

#### **Brighter Day does not fund:**

- Athletic teams, booster clubs or support organizations
- Bequests, memorials
- Political and Charity Campaigns
- Religious or political organizations/institutions
- Alumni, fraternal, labor or social organizations
- Individuals
- Ministries, theological or bible schools
- Professional associations
- School choirs, bands or drill teams
- Tax supported institutions
- Public or private educational institutions
- Civic organizations or private foundations



### Rules of Compliance for Organizations Receiving Venturi Brighter Day Employee Fund Grants

Venturi Brighter Day Employee Fund monies must be expended only for those purposes, and at only the location, stated by the Applying Organization in its Grant Application. No Venturi BDEF Grant Monies may be shared with or sent to an Organization's national headquarters or other branch offices without explicit, written approval of the Brighter Day Board of Directors. The Applying organization must agree to furnish audits and other financial information as outlined in the Application and/or as requested by Venturi BDEF. All financial information provided to Venturi BDEF will be held strictly confidential. No deviation to or modification of the rules of compliance stated herein is permitted without advance, written approval of the Brighter Day Board of Directors.

### **Application Instructions**

Application for grants must be submitted on a Venturi Brighter Day Employee Fund Application form. The forms must be complete and signed by an authorized official as well as the Board President or Chairperson. Additional information (brochures, letters, etc.) about the organization may be attached to the application.

### **Application Process**

• Grant applications must be completed, signed, and returned by email (<a href="mailto:brighterday@venturi-us.com">brighterday@venturi-us.com</a>), mail, or delivered in person to:

Venturi, LLC. ATTN: Venturi Brighter Day Employee Fund 360D Quality Circle, Suite 400 Huntsville, AL 35806

- An electronic copy of this pdf application should be emailed to the above address to aid evaluation.
- Grant applications will be accepted 1 January 31 August. Only one application per organization will be accepted. Applications will be kept and considered 1 January 31 December.
- All applications are subject to an initial screening for eligibility and to ensure required information has been submitted.
- Venturi Brighter Day Employee Fund Representatives may visit your organization for the purpose of a "fact finding" interview.
- Each eligible organization may only receive one grant per calendar year.



# 2024 Grant Application

|                  |                       |                     |                   | Applicant Informati  | on                       |                    |  |  |
|------------------|-----------------------|---------------------|-------------------|--|--------------------------|--------------------|--|--|
| Agenc<br>Name:   |                       |                     |                   |  | Date:                    | Date:              |  |  |
| Addres           | ss:                   |                     |                   |  |                          |                    |  |  |
|                  | S                     | Street Ac           | ldress            |  |                          |                    |  |  |
|                  |                       | City                |                   |  | State                    | ZIP Code           |  |  |
| Phone            | :                     |                     | )                 | E-mail Address:  |                          |                    |  |  |
| Point of Contact |                       |                     |                   | Agency Website:  | National<br>Headquarter: |                    |  |  |
|                  | al (Vento<br>yee's Na |                     |                   |  |                          |                    |  |  |
|                  | Informa               | rmation Board Presi |                   | resident (Chairperson)   | Executive                | Executive Director |  |  |
| 1                | Name                  |                     |                   |  |                          |                    |  |  |
| ,                | Address               | 3                   |                   |  |                          |                    |  |  |
| -                | Telepho               | ne                  |                   |  |                          |                    |  |  |
| 170              | 0 of the              | Interna             | al Revenue Co     | OF THE ORGANIZATION'S COM  |                          | -                  |  |  |
| 2. Is t          | he orga               | nizatio             | n a local affilia | te of a national organization?                                       |                          |                    |  |  |
| YES              |                       | NO                  |                   |  |                          |                    |  |  |
|                  |                       |                     |                   | perated, controlled, or affiliated ernal, or educational institution |                          | (religious, civic, |  |  |
|                  |                       |                     |                   | rovide in any way based upon a<br>orted, labor, fraternal, or educa  |                          |                    |  |  |



| include, "Who we are, what we do, and what you intend to use the requested funds for." This write up will be used to evaluate your organization. (You may attach literature, brochures along with description) |   |
|--|---|
| 5. Please provide a full description of your requested grant amount and a breakdown of use of funds and costs.   | 5. Please describe the purpose(s) and major program(s) of your organization in a 100-150 word write up. Please include, "Who we are, what we do, and what you intend to use the requested funds for." This write up will be used to evaluate your organization. (You may attach literature, brochures along with description) |
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|  |   |



| 7. | If your organization | receives a Ventur | i Brighter Day | Employee Fun | nd Grant, w | hat is the time | frame or | schedule to |
|----|----------------------|-------------------|----------------|--------------|-------------|-----------------|----------|-------------|
| us | e the funds?         |                   |                |              |             |                 |          |             |

- 8. What region, location and/or client group will be served by the program(s) for which this Grant application is being submitted?
- 9. If issued a Venturi Brighter Day Employee Fund, the organization will be required to provide, within 60 days after utilizing Grant funds, a report describing the use of the funds, expenditure receipts, and any other information to illustrate funds usage. Photographs of utilization should be submitted. Submissions of such information implies permission for Venturi Brighter Day Employee Fund to use on website or other information sites. Is your organization willing to comply with the requirements?

Yes No

10. Please provide names, addresses and telephone numbers of three individuals outside your Organization who are knowledgeable of your program(s).

|    | Name | Address | Phone |
|----|------|---------|-------|
| 1. |      |         |       |
| 2. |      |         |       |
| 3. |      |         |       |

11. Please provide data that depicts as percentages how much of your budget is spent on program activities, fundraising, and operational costs. If multiple programs, fundraising events, and types of operating costs exist then please breakout those respective costs.



- 12. Please attach the following information:
  - A. Latest IRS Form 990 and Schedule A
  - B. Latest "Statement of Financial Position" or Balance Statement), listing all assets and liabilities.
  - C. Latest "Statement of Activities: or (Income Statement), listing all revenue types and sources, expenditure outlays, and year-end profit or loss.
  - D. Budget for Current Fiscal Year. Please identify any income sources that are not firm commitments.
- 13. Optional: Please include or provide a link to a video/YouTube video if you'd like it to be considered with your application. This doesn't have to be a big time production, it can just be a simple cell phone video of a member of your group describing your mission statement and the impact of a Brighter Day Grant could make or even of your organization in action helping the community.

| Disclaimer and Signature  |  |            |
|---|--|------------|
| All financial information will remain confidential within               | Brighter Day Committee                                   |            |
| We certify that all information on this Application is t<br>Application | ue and accurate, and agree to comply with all requiremen | ts of this |
| Signature of Authorized Official  | Date   |            |
| Signature of Board President/Chairperson                                | Date   |            |