

# Charles and Gladys Goslee Youth Help Fund Community Foundation of the Eastern Shore

1324 Belmont Avenue, Suite 401  
Salisbury, Maryland 21804

## GRANT GUIDELINES

**Designated Funds.** The Charles & Gladys Goslee Youth Help Fund is a fund designated to provide financial assistance to support students in need in Wicomico County.

**Eligibility Criteria.** The following criteria must be met to be eligible for a grant from the Charles and Gladys Goslee Youth Help Fund:

- (1) The recipient must be a governmental entity, faith-based organization, or non-profit, tax exempt “public charity,” as defined in Section 501(c)3 of the Internal Revenue Code
- (2) The recipient must provide programs providing direct service or support for underserved youth in Wicomico County.

**Program Exclusions.** Grants can not be awarded to individuals or organizations not meeting the eligibility criteria. Additionally, grants will not be awarded for:

Building Campaigns/Construction Projects  
Sectarian Religious Programs  
Coverage of Operational Deficits  
Debt Retirement  
Endowment Funds  
Lobbying Activities/Political Campaigns

**Application Procedure.** Please submit a letter of inquiry, providing a brief description of the need and the level of funding to be requested. Staff will be responsible for identifying potentially eligible programs and soliciting proposals for consideration as provided in these guidelines. Grant requests must be made using the attached form.

**Due Diligence.** Following receipt of grant funds, organizations will be required to submit a follow up report outlining the grant expenditures with appropriate documentation.

**Charles and Gladys Goslee Youth Help Fund**  
**Community Foundation of the Eastern Shore**  
**PROPOSAL COVER SHEET**

Legal name of organization applying: \_\_\_\_\_  
(Should be same as IRS Determination letter and as supplied on IRS Form 990)

Executive Director/CEO/Principal: \_\_\_\_\_ Phone number: \_\_\_\_\_

Program Coordinator (name/title/phone number)  
(If different from executive director): \_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Purpose of funding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Number of children to be served: \_\_\_\_\_

\_\_\_\_\_  
*Signature, Executive Director/CEO/Principal*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Program Coordinator (if different from above)*

\_\_\_\_\_  
*Date*

**REQUIRED ATTACHMENTS:**

-A copy of the organization's 501c3 IRS designation letter if applicable