

“hello Goodbuy®”  
1523 Glynn Avenue  
Brunswick, Georgia 31520  
912-264-8181

“hello Goodbuy®” Outreach Program  
Application

Thank you for your interest in the “hello Goodbuy®” outreach program. The resale store, “hello Goodbuy®”, is dedicated to assist non-profit and civic organizations whose missions are to serve God’s people in need, regardless of race, religion, and background. Our goal is to help fund meaningful outreach efforts that are touching and changing lives within our community in Glynn County by providing financial assistance where needed most.

**Criteria for Qualifying Applicants**

Please review the following criteria for qualifications:

1. The applicant is an entity that qualifies for tax-deduction under 501 (c) (3) or is represented by a qualified fiscal agent.
2. The organization runs services and projects for communities in Glynn County in the areas of:
  - a. poverty relief
  - b. house building and renovations for poor families and the homeless
  - c. food and shelter ministries
  - d. wheelchair ramp construction for disabled persons
  - e. health and medical related programs for the sick and poor
  - f. educational and literacy programs for youth and children
  - g. reintegration and training programs for the incarcerated and low-income individuals
  - h. social service programs for abused individuals and those suffering from addictions
  - i. animal welfare
  - j. transportation ministries
  - k. ministries that help improve lives of those less fortunate

**Application Process**

Qualified applicants are to complete the application form and submit it with the necessary attachments to:

“hello Goodbuy®” Outreach Program  
1523 Glynn Avenue  
Brunswick, GA 31520

Only a Board Member or the Executive Director of a 501 (c) (3) organization who is NOT a member of the “hello Goodbuy®” board or staff can make the request.

**Distribution Cycle**

All applications are due by the 15<sup>th</sup> of the months of February, May, August and November. The Board of Directors of “hello Goodbuy®” will meet before the end of each quarter to review applications and approve successful candidates. Successful candidates will receive the funds in the first month of each new quarter. **Applications received after the deadline will not be considered.**

*Revised as of 02/13/2016*

Organizations whose funding application is denied are encouraged to re-submit a new application form indicating any steps taken to proceed with stated project with other sources of funding, if applicable. Please note that the amount of money to be disbursed and the number of distributions awarded may vary from quarter to quarter. Approved recipients may reapply annually if desired.

**Approved Applicants**

Notifications will be sent by either email or mail to advise of the date and time of the presentation of the distributions.

Please fill and complete all required fields below unless it is optional.

**CONTACT INFORMATION**

Organization Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

(Optional)

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

Executive/  
Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Federal Tax I.D.  
Number: \_\_\_\_\_ Annual Budget: \_\_\_\_\_

501 (c) 3 Number: \_\_\_\_\_

**ORGANIZATION PROFILE**

Please provide as an attachment to this application form a description of your organization that includes its history and mission.

**DESCRIPTION OF PROJECT THAT IS REQUESTING FUNDING**

Please provide a brief description of your project that is requesting a distribution. Indicate if the project is new, its anticipated duration, or how long it has been on-going and current funding.

GRANT REQUEST

Funding requested \$ \_\_\_\_\_ Total cost of Project \$ \_\_\_\_\_

COMMUNITY IMPACT

Please briefly describe how this program/project will affect the community. Who are your beneficiaries? How many people will this assist? How were the needs identified and assessed? What geographical area does this project cover?

SOURCES OF FUNDING

Please list 3-5 of the organization’s major donors or other funding sources and the amount given in the previous year.

Donor Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Donor Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Please list 3-5 of the organization’s alliances with other non-profit organizations or government agencies and indicate any funding received through the alliances where applicable.

Agency Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Amount given: \_\_\_\_\_

OTHER INFORMATION

1. How did you learn about the “hello Goodbuy®” Outreach Program?
  
2. Does the organization, staff, and/or volunteers participate with “hello Goodbuy®”? If yes, please state and describe the type of involvement. (This is NOT a condition of acceptance)
  
3. Does your organization have direct/indirect involvement with St. Mark's Episcopal Church? If yes, please state and describe the type of involvement. (St. Mark's Episcopal Church affiliated organizations are NOT permitted to apply/receive funding in lieu of the store pledge to the church)
  
4. Has the organization ever submitted an application for a distribution with “hello Goodbuy®” or other funding agencies (please indicate the name of agency and amount requested) If yes, was the application approved or denied? If denied, please state the reason or cause if known.
  
5. Please provide a copy of the most recent reconciled bank statements.
  
6. Please note that additional information may be requested from the organization.

By submitting this form, I:

1. Affirm that I am an authorized representative of the organization and I am NOT a “hello Goodbuy®” board member or staff.
2. Declare that all the above information provided is true and accurate.
3. Acknowledge that there is no guarantee of approval for the distribution requested.
4. If the distribution is approved, I will confirm follow up of funds usage within 60 days. I will provide photos and descriptions of the project or event.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_