



St Elizabeth “The Attic” Thrift Store 2025 Grant Policy/Guidelines and Application

Mission Statement

The mission of St Elizabeth’s Attic Thrift Store is to help support the church’s outreach ministries by providing financial support in the form of grants and material assistance to area non-profit organizations in Bryan County.

Focus Areas

Focus areas may change from year to year. The primary focus area for 2025 grants will be on funding projects whose purpose will be to improve the quality of life for children in our community. Grants will fund a small number of projects that will be awarded in the \$1,000 - \$5,000 range. For questions about the grant application process, you can reach us at thriftstore@saintelizabethsrh.com.

Grant Procedural Guidelines

These grants will be awarded to applicants who are non-profit charitable 501 3c organizations, that are eligible to receive tax-deductible charitable contributions. Applicants must not discriminate based on race, creed, ethnicity, religion, sex, age or national origin. Grants are primarily intended for projects that support the following categories: Health & Human Services, Community Projects and Education. All 2025 St Elizabeth Thrift Store grant applicants must provide a copy of their most recent IRS tax filing: either page 1 from their Form 990, pages 1-4 from their Form 990-EZ, or a copy of their Form 990-N. If the applicant is not required to submit a tax return, please submit a copy of the tax-exempt designation.

We will be awarding grants for the 2025 calendar year twice. The deadline for receipt of the application for the first grant cycle will be April 30, 2025. The deadline for the second cycle will be October 31, 2025. The application, tax information and supporting documentation should be mailed or hand delivered to St Elizabeth Episcopal Church, 16491 Hwy 144, Richmond Hill, Ga 31324.

Successful applicants will be notified before May 15th and October 15th.

Application for Grant

Date of Application: _____

Legal Name of Organization:

Federal 501 (c)(3) EIN Number: _____

Year Founded: _____ Current Annual Operating Budget: \$ _____

Executive

Director: _____ Email: _____

Contact Person/Title Person (if different from Executive Director):

Address(principal/administrative office):

City: _____ State: _____ Zip: _____

Phone: _____

Website: _____

Organization Mission Statement:

Project Information

Title of project: _____

Specific purpose for which the funds are being requested. (Include amount requested and specifics of how funds will be used.)

Project goals: (For example, as a result of this program what changes do you expect to see in the clients; what are outcome indicators and how will the be measured?)

Beginning and ending dates of the project:

Geographic area to be served:

List other sources of funding for use of request as described above:

Project Funding

Amount Requested: \$_____ Total Project Cost: \$_____

What percentage of the of the total project cost would the St. Elizabeth Thrift store cover? _____

Total project cost breakdown

Results

For those that receive a 2025 St. Elizabeth Thrift Store Grant, please provide copies of actual project expenditures and outcomes. These can be emailed to: thriftstore@saintelizabethsrh.com.

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. The tax-exempt status of this Organization is still in effect,
2. This Organization does not support or engage in any terrorist activity, and
3. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in unlawful purposes.

Signatures:

President, Board of Directors Date

Executive Director Date