Wal-Mart / Sam's Club Store Grants

SC-SAR Chapter Grants

$1,000 grants are available at Wal-Mart & Sam's Club stores!
Most Wal-Mart and Sam's Club stores have budgeted $1,000 for local Non-profit civic groups. It is best to apply for this grant money at the beginning of each year, however it is quite possible that your neighborhood store might still have all or a portion of the funds remaining.

The grant application process is quite easy. You will need to fill out a short form to take to the store.
Ask for the Store Manager or the person in charge of grant funding.

Wal-Mart accepts your organization's 501(c)(3) and (c)(4) designation as proof of your non-profit status. You will need to provide the 9-digit Tax ID (EIN) # on the form.

Grants can be used for a variety of activities such as patriotic events, outreach programs and educational programs for students and teachers.

A sample grant application and a blank application are available below .

This pdf file is also available from the South Carolina Society's website: www.scssar.org

WAL★MART Sam's CLUB

Application for Grant Funding

Return completed form to the Wal-Mart Store or Sam's Club where you obtained this application.

Location Use Only: Please Select Grant Program:

Grant Type: ☐ **Matching Grant** ☐ **Community Grant**

Location #: _____   **City:** _____   **ST:** _____   **Type:** WM / SAM'S / DC / TO / Other _____

Today's Date: ___ / ___ / _____   **Date of Event:** ___ / ___ / ____   **Fundraiser Location:** ☐ On Site ☐ Off Site   **Amount Requested:** $_____

How many associates will / did participate in the event? _____ (not required if held on site)   **Has the event been placed on the calendar?** Y/N ____

Specifically, what is the fundraiser? (matching grants only) _____

_____

Managers Name (signed and printed): _____ / _____

Community Involvement Associate: _____ / _____

This application and a receipt letter (matching grants only) must be completed and ON FILE at your location for ALL grants

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To be Completed by the Organization:

Select one: IRS designated ☐ 501c3 organization **OR:** ☐ 501c4 ☐ 501c6 ☐ 501c19 organization*

　　　Must provide a valid Federal Tax ID / EIN #. Number will be validated using the IRS publicly available database

OR: ☐ Faith Based Organization **   ☐ Public School   ☐ Federal, State or Local Government Agency

　　　**Faith Based Organizations must be conducting projects that benefit the community as a whole. Grants cannot solely or primarily benefit, directly or indirectly, their adherents or members*

Organization Name: _____   **Federal 501c3, c4, c6 or c19 Tax ID (EIN) #:** (9 digits) _____

Address: _____   **City:** _____   **ST:** _____   **Zip:** _____

Contact Name: _____   **Contact Phone:** _____-_____-_____

What service does your organization provide to the community? _____

_____

Specifically, how will funds from this grant be utilized in your local community? _____

_____

Which of the following groups will this funding primarily benefit? This information is used solely to track our funding to specific diverse community groups and is NOT considered during the grant review or approval process. **Please select only the most appropriate:**

☐ Hispanic   ☐ African American   ☐ Asian American   ☐ Native American   ☐ General Population (benefits the entire community)

Will these grant funds directly benefit your LOCAL community? ☐ Yes   ☐ No

Organization Representative: By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. Final approval is subject to the guidelines of the Wal-Mart Foundation. All organizations holding fundraisers at any Wal-Mart Stores, Inc. location, or requesting grant funding, must abide by the rules and guidelines set forth by the location, Wal-Mart Stores, Inc., and the Wal-Mart Foundation. This request will not be processed unless signed by all parties.

Signed: _____   **Printed:** _____   **Date:** _____

WAL★MART® Sam's CLUB

Application for Grant Funding

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Location Use Only: Please Select Grant Program:
Grant Type: Matching Grant Community Grant
Location #: _____ **City:** _____ **ST:** _____ **Type:** WM / SAM'S / DC / TO / Other _____
Today's Date: ___ / ___ / _____ **Date of Event:** ___ / ___ / ____ **Fundraiser Location:** ☐ On Site ☐ Off Site   **Amount Requested:** $_____
How many associates will / did participate in the event? _____ (not required if held on site) **Has the event been placed on the calendar?** Y/N ____
Specifically, what is the fundraiser? (matching grants only)
Managers Name (signed and printed): _____ / _____
Community Involvement Associate: _____ /_____
This application and a receipt letter (matching grants only) must be completed and ON FILE at your location for ALL grants

To be Completed by the Organization:
Select one: IRS designated **[X]** 501c3 organization **OR:** ☐501c4 ☐ 501c6 ☐501c19 organization*
   * *Must provide a valid Federal Tax ID / EIN #. Number will be validated using the IRS publicly available database*
OR: ☐Faith Based Organization **   ☐ Public School   ☐Federal, State or Local Government Agency
   **Faith Based Organizations must be conducting projects that benefit the community as a whole. Grants cannot solely or primarily benefit, directly or indirectly, their adherents or members
Organization Name: ANY SAR CHAPTER, SC- SAR   **Federal 501c3, c4, c6 or c19 Tax ID (EIN) #:** (9 digits) **99-9999999**
Address: 123 Dogwood St.   **City: ANYTOWN**   **ST: SC**   **Zip: 11111-0000**
Contact Name: Sr. OFFICER IN CHAPTER   **Contact Phone: 999-999-9999**
What service does your organization provide to the Community?. Educational scholarships and awards for Grades 6-12. Eagle Scout programs, History Teacher program for grades 7 to 12. and JROTC programs for grades 9 to12. Work with other non-profit organization in the community on common programs (Veterans organization, DAR and CAR). Volunteer visits for Veterans in VA Hospitals and nursing homes. Our Chapter serves the following counties in South Carolina. (_____,_____,_____)

Specifically, how will funds from this grant be utilized in your local community? These funds will assist in out scholarship and award programs for students and Teachers in the counties we serve. The SAR Educational programs help to preserve our history and instill Patriotism.

Which of the following groups will this funding primarily benefit? This information is used solely to track our funding to specific diverse community groups and is NOT considered during the grant review or approval process. **Please select only the most appropriate:**
☐Hispanic ☐African American ☐ Asian American ☐Native American **[X]**General Population (benefits the entire community)
Will these grant funds directly benefit your LOCAL community? **[X]** Yes   or ☐ No
Organization Representative: By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. Final approval is subject to the guidelines of the Wal-Mart Foundation. All organizations holding fundraisers at any Wal-Mart Stores, Inc. location, or requesting grant funding, must abide by the rules and guidelines set forth by the location, Wal-Mart Stores, Inc., and the Wal-Mart Foundation. This request will not be processed unless signed by all parties.

Signed: *George Washington*   **Printed:**   George Washington   **Date: January 01, 2010**