**Janssen Cares Contributions Fund**

**2018 Application Guidelines**

**Applications must be received by April 27, 2018.** All applicants must have a 501(c)(3) status under the Internal Revenue Code. We ask that you submit an electronic copy of your application through email. A complete application will include the following:

* An application **cover sheet** and a **checklist** of the required documents. These can be downloaded and filled out and saved on your computer by clicking here. If you cannot open this link, please send an e-mail to nmagee@cfnj.org and she will send you an e-mail with the cover sheet and checklist as attachments.
* A copy of the **IRS determination letter** with the organization’s 501(c)(3) status.
* A signed **W-9 form**.
* The organization’s **mission statement** and a **statement of non-discrimination** on organization letterhead.
* The current **total budget** for the organization.
* The organization’s most recent **audited financial statement**.
* A list of names and affiliations of the **trustees** of the organization.
* A breakdown of **total revenue sources by category** and listing of **top ten prior year corporate donors and amount contributed**.

**Electronic Submission:** Please submit electronic copies of the application in Microsoft Word, Excel or PDF format. We prefer that zip files not be used. You may submit your Excel portion, if any, in a separate file attachment.

**Applications should be** **submitted electronically by email by April 27, 2018.** Please contact Nancy Magee from the Community Foundation of New Jersey at 973-267-5533 or via e-mail at NMagee@cfnj.org if you have any questions.

**Janssen Cares Contributions Fund**

**Documentation Checklist for 2018 Applications**

**Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check off the documents included with your proposal:

\_\_\_\_\_ Proposal Cover Sheet

\_\_\_\_\_ Proposal Documentation Checklist

\_\_\_\_\_ Copy of IRS Determination Letter

\_\_\_\_\_ Signed W-9 Form

\_\_\_\_\_ Organization’s Mission Statement and Statement of Non-Discrimination on Letterhead

\_\_\_\_\_ Current Operating Budget

\_\_\_\_\_ Current Audited Financial Statements

\_\_\_\_\_ Current List of Trustees and Their Affiliations

\_\_\_\_\_ Breakdown of Total Revenue Sources by Category

\_\_\_\_\_ Top 10 Prior Year Corporate Donors and Amount Funded

**Janssen Cares Contributions Fund**

**Cover Sheet for 2018 Applications**

**Organization Name**:

**County:**

**Address**:

**Website Address:**

**Tax ID #:**

**Name of Executive Director/President**:

**Name of Contact for this Proposal**:

**Title of Contact:**

**Phone number for contact**:

**E-mail address for contact**:

**Date**: