



BUDDHIST CHURCHES OF AMERICA

SOCIAL WELFARE FUND APPLICATION

APPLICATION EVALUATION CRITERIA:

- Recipient must be a nonprofit organization that is tax exempt under IRS Section 501(c)(3), including a church or temple, community group that has a 501(c)(3) organization serving as its fiscal agent, or nonprofit organization, temple or church outside of the U.S. that supports the purpose of providing aid to those suffering from deprivation of basic human needs.
- Project will support purpose of the Fund to aid those suffering from deprivations of basic human needs.
- Funds will not be granted to the following:
 - Individuals
 - Fundraising events
 - Endowments
 - Political campaigns or lobbying
 - To supplement salaries or the general operating expenses of the organization

1. Date of application: _____

2. Organization (print): _____

Address: _____

Street Address

City

State

Zip

If under fiscal sponsorship, name the fiscal sponsor: _____

3. Contact Person: _____

Telephone # (work & home/cell): _____

Email Address: _____

4. State & Federal I.D. # _____



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5. Amount Requested: _____
6. Provide a brief description and purpose of your organization.
Is your organization registered with Guidestar: Yes or No. Rating Level _____
7. Project Summary: Provide a brief description of the specific purpose for the requested fund. Describe how your project will aid those suffering from deprivation of basic human needs. Attach additional sheets as required.
8. Attach a budget for proposed program (one page) including income or funding from other BCA organizations, and in-kind services, and any expenses. Please include amounts committed and pending from other sources, if applicable.
9. Attach a copy of your organization's IRS verification letter of 501(c)(3) status and most recent form 990 filing, if applicable.
10. A sponsorship letter written by a person connected with the BCA, either a current or former member, must be included with this application.

EMAIL COMPLETED APPLICATION TO: info@bcahq.org – Subject Line- Social Welfare Application

OR MAIL COMPLETED APPLICATION TO:

BCA Social Welfare Committee

1710 Octavia Street
San Francisco, CA 94109
(415)776-5600

I understand that if this request for funding is approved, I will provide confirmation of completion and/or impact of the project or service provided. This may be in the form of photographs, evaluation results, attendance records, newspaper articles, report on any publicity on the project, etc. Documentation of completion and/or impact shall be provided within sixty (60) days of completion of service of project.

I certify that the information on this application is true and correct to the best of my knowledge.

Signature of Contact Person

Print Name

Date