

American Express Philanthropic Program 2005 U.S. Grant Application



Non-Profit Organization Form

The Philanthropic Program strives to be inclusive and respectful of the diversity in communities where American Express operates. Within the parameters of the company's program themes and guidelines, projects of all nonprofit organizations are considered for funding without regard to race, religion, creed, national origin, disability, handicap, age, sexual orientation, marital status, veteran status or any other basis prohibited by law.

American Express grants are awarded in three categories, all of which reflect our funding priorities.
Please ensure your proposal fits within one of the categories below prior to submitting your proposal.

Community Service

Our Community Service grantmaking supports the volunteer efforts of American Express employees in communities where we live and work. Grant requests must demonstrate broad employee involvement currently in existence with the nonprofit organization applying for the grant.

Cultural Heritage

Our Cultural Heritage grantmaking emphasizes direct support for cultural institutions and major projects in the visual and performing arts that are representative of national, regional and local cultures. We also fund access to the arts and assistance to organizations in developing new audiences. In addition, we support public awareness of the importance of historic and environmental preservation and the preserving and management of major tourism sites.

Economic Independence

Our Economic Independence grantmaking supports initiatives that encourage, sustain and develop economic self-reliance through programs that serve youth, emphasizing school-to-career and career-readiness programs in partnership with the travel, hospitality and financial services industries.

We fund programs that build awareness about career and employment options for individuals facing significant barriers to employment, and provide education, training and workplace experiences so they may actively pursue these options. Prior projects developed by grantees have provided education in the fundamentals of business and economics, the basics of personal financial management and the promotion of entrepreneurship and small business development.

American Express does *not* fund:

- Organizations that discriminate on the basis of race, religion, creed, national origin, disability, handicap, age, sexual orientation, marital status, veteran status or any other basis prohibited by law;
- Organizations, private foundations or programs that fund terrorist groups or activities;
- Individual needs, including scholarships, sponsorships and other forms of financial aid;
- Fund-raising activities, such as benefits, charitable dinners, galas or sporting events;
- Goodwill advertising, souvenir journals or dinner programs;
- Travel for individuals or groups;
- Sectarian activities of religious organizations;
- Political causes, candidates, organizations or campaigns;
- Books, magazines or articles in professional journals;
- Endowments or capital campaigns;
- Traveling exhibitions;
- Sports sponsorships.

Geographic Areas Served

Please note that the majority of our U.S. domestic grantmaking is focused on our four service centers, Greensboro, Phoenix, Salt Lake City, South Florida, and our headquarters location in New York City.

If your organization falls outside the above geographic areas or is not national in scope, you must identify and consult with an American Express office in your local area to be considered for funding.

For additional information on program priorities and guidelines for the American Express Philanthropic Program, which includes the American Express Foundation, please visit our Web site: <http://www.americanexpress.com/corp/philanthropy>

American Express Philanthropic Program Instructions



1. Please fill out the application completely. If any part of this application is not completed, including the attachments as outlined on Page 3, your request for funding will not be considered. **Please do not type “see attached” or change format of the application—all information must be included in this application in its current format.** We will also *not* accept handwritten applications.
2. After you complete the application, print out, sign and return to the appropriate address below with all required attachments.

Greensboro, NC

Deadline Dates: January 15 and July 15

Laura T. Rhodes
Sr. Community Affairs Specialist, Philanthropy & Media
Mail Code: NC-06-03-10
American Express Service Center
7701 Airport Center Drive
Greensboro, NC 27409

Phoenix, AZ

Deadline Dates: March 1, May 1 and August 1

JoEllen L. Lynn
Manager, Community Affairs
Mail Code: AZ-08-01-08
American Express Service Center
20022 N. 31st Avenue
Phoenix, AZ 85027

New York, NY

Deadline Dates: March 31 and August 31

Cultural Heritage

Cheryl G. Rosario
Manager, Philanthropic Program
Mail Code: NY-01-48-04
American Express Company
World Financial Center
New York, NY 10285

Salt Lake City, UT

Deadline Dates: February 28 and July 31

Dorothy Anderson
Manager, Community Affairs
Mail Code: UT-02-03-10
American Express Service Center
4315 South 2700 West
Salt Lake City, UT 84184

Economic Independence

Terry Savage
Director, Philanthropic Program
Mail Code: NY-01-48-04
American Express Company
World Financial Center
New York, NY 10285

South Florida (Ft. Lauderdale & Miami)

Deadline Dates: January 15, April 15 and August 15

Stacey L. Orange
Director, Public Affairs & Communications
Mail Code: FL-05-02-16A
American Express Service Center
777 American Expressway
Fort Lauderdale, FL 33337

Community Service

Angela C. Woods
Director, Philanthropic Program
Mail Code: NY-01-48-04
American Express Company
World Financial Center
New York, NY 10285

If your proposal is National in scope (that is, it serves many communities throughout the U.S.), please forward your application to the address below and note on the envelope the theme of your project. Only proposals under the Cultural Heritage or Economic Independence themes will be considered.

American Express Philanthropic Program

American Express Company
200 Vesey Street
New York, NY 10285

American Express Philanthropic Program

Required Attachments



Please check each box at left, indicating that you have included all required documentation.

- A copy of the nonprofit organization's current Internal Revenue Service tax-exempt determination letter confirming section 501(c)(3) and 509(a)(1, 2, or 3) of the tax code.
 - If the name on the proposal's letterhead differs from the name on the IRS determination letter, please provide an explanation of the difference;
 - If the nonprofit organization operates under the auspices of another nonprofit, acting as a fiscal agent, please provide the following:
 - a. Current IRS tax-exempt letter of the fiscal agent;
 - b. A letter from the chief executive officer of the fiscal agent on the fiscal agent's letterhead, certifying their fiscal responsibility for the organization submitting the proposal. Include the following language:
"I certify that this organization, as fiscal agent, takes reasonable steps to ensure that grant funds are not ultimately distributed to terrorist organizations and that staff, board and other volunteers have no dealings whatsoever with known terrorists or terrorist organizations."
- A list of organization board members and their business affiliations.
- Financial Information
 - Most recent audited financial statement. This information should include a balance sheet, statement of activities (or statement of income and expenses) and functional expenses;
 - Organization budget for current year, including income and expenses;
 - Project budget, including income and expenses (if request is for project support).

American Express Philanthropic Program Contact Information



Date of Application (MM/DD/YYYY) _____ Organization IRS/Employer Identification Number (EIN) _____

Name of Organization _____

Legal name if different _____

Address _____

City _____ State _____ ZIP _____ Phone _____ Fax _____

Web site _____

Chief Executive Officer/Director _____

Phone and Extension _____ Email _____

Contact person for this report (if different from executive director) _____ Title _____

Phone and Extension _____ Email _____

Is your organization tax-exempt under IRS 501(c)(3) and 509 (a) (1,2 or 3)? Yes No

If no, are you a public agency/unit of government? Yes No

Does your organization accept charge/credit cards? Yes No

If yes, does your organization accept the American Express® Card? Yes No

If yes, please provide service establishment number

Will American Express funds related to this grant be re-granted to other charitable organizations? Yes No

If yes, please list re-grantee organizations here:
(If you need additional space, please list names and addresses on an attached sheet)

Re-grantee Organization Name	Organization Address

American Express Philanthropic Program Proposal Information



Name of Nonprofit Organization

Project Title

Project Dates

Start (MM/DD/YYYY)

End (MM/DD/YYYY)

Summary of the Project (in five sentences)

Population Served (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> AIDS/HIV Positive | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Disadvantaged/At Risk Youth | <input type="checkbox"/> Drug/Alcohol Dependent |
| <input type="checkbox"/> Families | <input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Immigrants/Refugees |
| <input type="checkbox"/> Tourists | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Other: | |

Please specify if other

Ethnicity Served (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other: | |

Please specify if other

Geographic area served (e.g., city, state, region, neighborhood)

American Express Philanthropic Program Proposal Information



Name of Nonprofit Organization

Long Description

Please provide a long description of your project. Be sure to include how this project relates to fulfilling the goals of your mission, the impact this project will have on your local community and your expected outcome at the completion of the grant.

American Express Philanthropic Program Proposal Information



Name of Nonprofit Organization

Long Description (continued)

American Express Philanthropic Program Proposal Information



Name of Nonprofit Organization

Long Description (continued)

American Express Philanthropic Program Proposal Information



Name of Nonprofit Organization

Volunteer Involvement

Are there any American Express employees currently volunteering with your organization? If yes, please indicate how many volunteers, list names/affiliation if applicable.

Marketing & Outreach

How will American Express be recognized (e.g., signage, press release, special opportunities for employees, etc.)?

American Express Philanthropic Program Proposal Information



Name of Nonprofit Organization

Budget:

Amount requested: \$ _____

Total project budget (for other than general operating support): \$ _____

Total annual organization budget: \$ _____

Is the implementation of this project dependent upon other pending requests? Yes No

If yes, please indicate these pending requests and how the shape and scope of the project would be affected if other pending requests are not funded.

American Express Philanthropic Program Nonprofit Compliance Form



Name of Nonprofit Organization

Both pages of this form must be **completed and signed by an officer of your organization** (e.g., CEO, President, Executive Director, COO, CFO, Comptroller, or Treasurer).

Check the appropriate box to indicate your compliance with each of the following.	Yes	No
1. All information provided is complete and accurate to the best of my knowledge.	<input type="checkbox"/>	<input type="checkbox"/>
2. This organization complies with the attached American Express Philanthropic Program Guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
3. This organization adheres to accepted financial and record-keeping practices and will make records available upon request.	<input type="checkbox"/>	<input type="checkbox"/>
4. This organization, maintains a list of subcontractors and affiliations that it will furnish upon request.	<input type="checkbox"/>	<input type="checkbox"/>
5. This organization has not and will not provide financial, technical, in-kind, or material support or resources to any individual or entity, or agent thereof, that we know, or have reason to know, advocates, plans, sponsors, engage in, or has engaged in terrorist or violent activity, including prohibited persons on a U.S. Government issued list. Furthermore, this organization takes reasonable steps to ensure that our funds or resources are not used by this organization, distributed or processed, to support terrorists or terrorist organizations, including prohibited persons on a U.S. Government issued list or a national of a U.S. sanctioned country.	<input type="checkbox"/>	<input type="checkbox"/>
6. None of our officers, directors, or affiliated organizations, including subsidiaries, partners, or parent organizations, support or engage in terrorist or violent activity	<input type="checkbox"/>	<input type="checkbox"/>
7. This organization receives less than 15% of its funds from any one organization.	<input type="checkbox"/>	<input type="checkbox"/>
8. This organization provides less than 15% of its funds to any one organization.	<input type="checkbox"/>	<input type="checkbox"/>
9. This organization re-grants to other independent organizations.	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", then please answer items 10–14 on the following page	<input type="checkbox"/>	<input type="checkbox"/>

American Express Philanthropic Program Nonprofit Compliance Form



Name of Nonprofit Organization Completing This Form

If your organization re-grants American Express funds to other independent organizations (“Re-grantees”), then please answer items 10-14 below.

Check the appropriate box to indicate the compliance of your Re-grantees with each of the following.	Yes	No
10. Re-grantees comply with the attached American Express Philanthropic Program guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
11. All Re-grantees adhere to accepted financial and record-keeping practices and will make records available upon request.	<input type="checkbox"/>	<input type="checkbox"/>
12. All Re-grantees maintain a list of subcontractors and affiliations that they will furnish upon request.	<input type="checkbox"/>	<input type="checkbox"/>
13. All Re-grantees have not and will not provide financial, technical, in-kind, or material support or resources to any individual or entity, or agent thereof, that they know, or have reason to know, advocates, plans, sponsors, engage in, or have engaged in terrorist or violent activity, including prohibited persons on a U.S. Government issued list. Furthermore, all Re-grantees take reasonable steps to ensure that our funds or resources are not used by themselves or any organization to which these funds or resources may be re-granted, distributed or processed, to support terrorists or terrorist organizations, including prohibited persons on a U.S. Government issued list or a national of a U.S. sanctioned country.	<input type="checkbox"/>	<input type="checkbox"/>
14. None of the officers, directors, or affiliated organizations of Re-grantees, including subsidiaries, partners, or parent organizations, support or engage in terrorist or violent activity.	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify on behalf of the organization named above and other independent organizations to which we re-grant American Express funds that I have read the American Express Philanthropic Guidelines and that the information provided on this document is true. I further agree to notify American Express immediately if any of this information changes.

Signature: _____ Phone: _____

Name (Print): _____ E-mail: _____

Title: _____

IMPORTANT: This must be completed and signed by an officer of your organization (e.g., **CEO**, President, **Executive Director**, **COO**, CFO, Comptroller, or Treasurer). Board member signatures are not acceptable.