Clarksville Association of REALTORS®
Spreading Our Support Foundation
Grant Application

(Version 3: Effective April 1, 2025)

2027 Grant Application Deadline for Community Organizations: <u>December 1, 2026</u>

The Spreading Our Support Foundation is the charitable arm of the Clarksville Association of REALTORS® established to assist community organizations with financial support and to aid our REALTOR® and Affiliate Partner membership with housing related needs as a result of damage to or loss of their primary residence after a natural disaster.

COMMUNITY CHARITABLE ORGANIZATION REQUESTS

Community Organization Requests for Annual Support:

- _____ Completed application
- _____ Organization's current year budget
- _____ Detailed statement of how the funds will be used
- _____ Supporting photos
- _____ IRS 501(c)(3) Status Letter
- _____ Most recent tax return
- _____ Board of Directors names and affiliations
- _____ Organization's mission statement
- _____ Any additional supporting documentation

To Apply for Aid:

1. Complete Application and submit to Foundation Office with supporting documentation. Incomplete applications will not be considered;
2. Additional information/documentation may be requested and will be required to be submitted within 30 days;
3. Final determination will be made by a vote of the SOS Board of Directors;
4. Final decisions will be relayed to applicant at the email provided on the application;
5. Funds will be distributed at a Clarksville Association of REALTORS® event in January of 2027.
6. Funds will be payable to the applying organization, not an individual.
7. Unless specifically prohibited, photos and/or information may be utilized for informational or fundraising purposes.

SPREADING OUR SUPPORT FOUNDATION GRANT APPLICATION

(Version 2: Effective April 1, 2025)

Applicant Name: _____
(Individual or Organization)

If Organization, primary contact name: _____

Address: _____

_____

Phone: _____
Business Mobile

Digital: _____
Email Website

Description of Need: *Please briefly describe the need, how funds will be utilized, number of individuals served, and other factors that may support the funding of this request. Attach additional sheets and/or supporting documentation if necessary.*

_____

_____

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_____

Amount Requested: $_____

Funds Payable to: _____

_____
Address (if different than above)

_____
Phone (if different than above)

Applicant Signature: _____

Send the application and noted documentation/photos to:
SOS@clarksvilleaor.com (or) SOS Foundation
115 Center Pointe Drive
Clarksville, TN. 37040