

# International Charitable Fund of Bermuda, Inc.

c/o P.O. Box HM 1624, Hamilton HM GX, Bermuda

(441) 295-4271

## Instructions for Application for Approval to Receive Grants

Direct any questions regarding application requirements to: David Lang at (441) 299 5485  
Direct all operating and donor deductibility questions to: Madeline Ellis at (441) 295 2000 x7422

To apply for approval to receive grants from ICFB please complete this form and submit it along with:

- A copy of your organisation's most recent financial statements (as filed with the Registrar).
- A list of the members of the governing board of your organisation.
- A copy of your charter, by-laws and other documents which govern your organisation.

If funds are granted you must:

- Promptly acknowledge receipt of funds to the ICFB and acknowledge the original donor (if not anonymous).
- Submit a final report if requested in the grant aware letter.
- Provide financial statements as of the next year end (as filed with the Registrar).

You should note that the making of a grant to your organisation by the ICFB is subject to the ICFB having designated funds available.

## Declaration Form and Affidavit

To be completed by the requesting Charitable Organisation

The ICFB must make a reasonable judgment that the applicant organisation is a qualified charity under U.S. Law. To assist the ICFB to determine whether the applicant organisation currently is qualified please complete and sign the following affidavit:

- Official name of applicant organisation \_\_\_\_\_  
(Please note that if the applicant organisation has qualified for a previous year, the affidavit needs to amend the description of any facts in the original affidavit and attest to that by signing the statement to that effect.)  
[ ] original affidavit [ ] renewal/amended affidavit
- Mailing address:  
\_\_\_\_\_  
Street number and name (or P.O. Box) Parish Postal Code
- Telephone number \_\_\_\_\_ Facsimile number \_\_\_\_\_ e-mail address \_\_\_\_\_
- Principal contact (responsible for submitting a receipt and if needed a grant report)  
\_\_\_\_\_  
Name Title Address Phone
- I, the undersigned, am the \_\_\_\_\_, a principal officer of the applying  
Title  
organisation.
- Past and Future Activities: The activities of our organisation have included ..... (briefly describe past and current activities and operations) and will include ..... (briefly describe future activities and operations).  
(Please attach information on a separate sheet appropriately marked: Item 6: Past and Future Activities or attach another document which describes them such as Annual Report \_\_\_\_\_, Brochure \_\_\_\_\_ or Other document (specify) \_\_\_\_\_.

7. Budgeted fundraising requirement and purpose.

(i) Capital campaign <input type="checkbox"/> equipment <input type="checkbox"/> new construction <input type="checkbox"/> renovations <input type="checkbox"/> other (please specify) _____	(ii) Operating campaign <input type="checkbox"/> general operations <input type="checkbox"/> start up costs <input type="checkbox"/> special or pilot programmes <input type="checkbox"/> other (please specify) _____	(iii) Other (please specify) _____
Total \$ _____	Total \$ _____	Total \$ _____
Covering what time period (e.g. 1 year, 2 years, 5 years etc.) _____	Covering what time period (e.g. fiscal year) _____	Covering what time period (e.g. fiscal year) _____

8. True \_\_\_\_\_ False \_\_\_\_\_ The applicant organisation is not controlled by or operated in connection with any other organisation. If false please describe the connection. \_\_\_\_\_

9. True \_\_\_\_\_ False \_\_\_\_\_ The organisation is not related (other than by association) through common membership, governing bodies, trustees, officers, etc. to any other charity or non-profit organisation. If false, state the organisation and nature of relationship \_\_\_\_\_

10. True \_\_\_\_\_ False \_\_\_\_\_ None of our business (programmes, funding, investments, etc.) is carried on outside Bermuda. If false, describe exceptions. \_\_\_\_\_

11. True \_\_\_\_\_ False \_\_\_\_\_ The organisation is not registered in any other country (as a charity or otherwise). If false, state place of registration. \_\_\_\_\_

12. Our organisation was created by \_\_\_\_\_  
 (identify statute, charter, or other document)

in \_\_\_\_\_ and is operated exclusively for ..... purposes (please check applicable box or boxes):  
 (year)

- |                                     |                                                                                         |                                                                                |
|-------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> charitable | <input type="checkbox"/> literary                                                       | <input type="checkbox"/> educational                                           |
| <input type="checkbox"/> religious  | <input type="checkbox"/> fostering national or international amateur Sports competition | <input type="checkbox"/> prevention of cruelty to children or animals purposes |
| <input type="checkbox"/> scientific |                                                                                         |                                                                                |

13. True \_\_\_\_\_ False \_\_\_\_\_ Our organisation does not permit any or all of its income or assets to be distributed to, or applied for the benefit of, a private person or non-charitable organisation other than as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which our organisation has purchased. If false, explain in what manner funds are applied to the benefit of a private person or non-charitable purpose. \_\_\_\_\_

14. True \_\_\_\_\_ False \_\_\_\_\_ Our organisation has no shareholders or members who have an interest in the income or assets of the organisation. If false, specify how shareholders or members etc. have an interest in income or assets of the organisation \_\_\_\_\_

15. True \_\_\_\_\_ False \_\_\_\_\_ In the event that our organisation were to be liquidated or dissolved, all its assets would be distributed to another not-for-profit organisation for charitable, religious, scientific, literary, or educational purposes, or to a government agency.

16. True \_\_\_\_\_ False \_\_\_\_\_ The rules of our organisation do not permit the organisation,  
 A. To engage in activities that are not for religious, charitable, scientific, literary, or educational purposes; or B. To attempt to influence legislation, by propaganda or otherwise.
17. True \_\_\_\_\_ False \_\_\_\_\_ The rules of our organisation do not permit the organisation directly or indirectly to participate or intervene in any political campaign on behalf of, or in opposition to, any candidate for public office.
18. True \_\_\_\_\_ False \_\_\_\_\_ The organisation is a registered charity in Bermuda.  
 (if true): Reg. # \_\_\_\_\_ Expiry date \_\_\_\_\_
19. True \_\_\_\_\_ False \_\_\_\_\_ N/A \_\_\_\_\_ Are you a School? If true, has your organisation adopted and does it operate with a racially nondiscriminatory policy as to students?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Verification –

I, the applicant verify that the information declared in this statement is true and correct to the best of my knowledge and belief. Being a principal officer of the said organisation, duly authorized to do so, I agree to supply further information if requested:

X \_\_\_\_\_  
 Signature of Principal Officer of Charitable Organisation Title \_\_\_\_\_

Date Signed \_\_\_\_\_

Checklist of attachments:

- Current financial statements (as filed with the Registrar).
- List of members of governing board.
- Copy of charter, by-laws and/or other governing documents.
- Description of past and future activities.
- Other (if any) required to fully expand on any answer.