Our Mission

Our mission is to support nonprofit, nonpartisan 501 ©(3) organizations whose primary charter is improving the community and enhancing the lives of local students and families in Gulf, Franklin and Bay Counties.

*Improving education
*Improving skills of children/youth at risk in the community
*Supporting families disrupted by domestic violence or other crises

How Grants are Made

Nonprofit organizations wishing to be considered for funding must complete the Grant Application (Attached) and submit it with appropriate documentation to:

George G. & Amelia G. Tapper Foundation
P.O. Box 280
Port St. Joe, FL 32457

After an initial review, the Foundation reserves the right to request additional information before a funding decision is reached. Once a funding decision has been made, the requesting organization will be notified. If funding is awarded, arrangements will be made for grant distribution. Organizations receiving funds must submit a follow-up report summarizing how the contribution was used and outlining what outcomes were achieved.

Grant Guidelines

The current requirements include:

1. Must have a 501 © (3) classification.
2. Must serve the designated counties.
3. Must specify the dollar amount requested and specifically how the funds will be used.
4. Application must be completed in its entirety in order to be considered. Additional information may be included.
5. Requests are accepted yearly from November 1st to the deadline of January 31st.

Proposals will not be considered to support individuals, loans, or political entities.
Grant Application

Please Submit this completed application, copies of the organization’s 501 ©(3) verification, an annual report or other material summarizing the program/ project and a copy of the organization’s operating budget for the current year. ( You may attach additional documentation if desired.)

Name of Organization: ____________________________________________________________________________

Tax ID Number: ______________________________________ 501 © (3) __________________________________

Address: _______________________________________________________________________________________

Telephone: __________________________________________ Fax: _______________________________________

Email: ______________________________________________ Website: ________________________________

Contact Person/Executive: _________________________________________________________________________

Organization Information

History/ Purpose ( Mission Statement ) ________________________________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Geographic area served: ____________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Total operational budget: _________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Organized/Incorporated Date/Non-Profit Status: ______________________________________________________

__________________________________________________________________________________________________

Submitted by: ____________________________________________ Date: ______________________
Funding Request Information

Amount Requested: $ ____________________________________________________________________________

Describe how funds will be used: ___________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Expected outcome/results/benefit for county and community: ___________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Previous Tapper Foundation grants, dates and amounts: ________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

**Attach supporting documentation for grant request.

Within 60 days after use of the grant, you are required to provide Tapper Foundation a follow up report communicating the sue of the grant and the results. Failure to do so may preclude your organization from being eligible for future grants.

For use by Tapper Foundation Only

Follow up Received: _____________________________________________________________________________

Date Received: _________________________________________________________________________________

Satisfactory: _________________________________________________________________________________