



NGP MATCHING PROGRAM OVERVIEW

NGP
Next Generation
Program of the
Winifred Johnson
Clive Foundation

WHAT
WHY

The **NGP** is the *next generation program* of the Winifred Johnson Clive Foundation. Members are ages 12-25.

NGP Matching Program offers qualified nonprofits a match grant based on time or money contributions made by **NGP** members.

To promote community partnership in the next generation (ages 12-25) of the greater Johnson Family.

To support nonprofit organizations by matching time and financial contributions made by the **NGP** members.

Match Grant NPO Eligibility Criteria

- * US based nonprofit or organization (excluding private foundations)
- * Organized for educational, charitable, cultural, or human welfare purposes.
- * Qualified to receive tax deductible contributions under Section 501c3 of the IRS code or eligibility to receive contributions from private foundations (i.e. school district, gov't agency)

NGP Matching Program Process



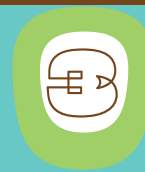
NGP member gives gift during year

- * Time Gift (minimum 35 hours)
- * Financial Gift (minimum \$50)



Nonprofit organization applies for **NGP** Match Grant

- * Complete **NGP** Volunteer Match form and send to **NGP** Program Director.
- * Sign **NGP** Match Grant application form and give with gift to nonprofit

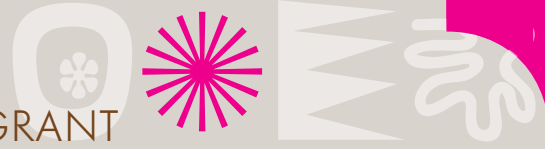


Winifred Johnson Clive Foundation reviews submissions

- * Grant made in May for applications received by **March 30.**
- * Grant made in November for applications received by **September 30.**



NGP VOLUNTEER MATCH GRANT



volunteer project proposal

Name of **NGP** Member _____

Address _____ Phone _____

Name of Nonprofit Organization _____

Name of NPO Contact/ Supervisor _____

Organization Address _____ Phone _____

_____ Contact Email _____

Organization's Tax ID Number _____

Please describe your volunteer project:

CERTIFICATE OF CONTRIBUTOR

*To be filled out by **NGP** Member and forwarded to the **NGP** Program Director.*

Name of **NGP** Member _____

I volunteered a total of hours for _____
[name of organization]

from (date) _____ to (date) _____

* I authorize the recipient organization to apply for Foundation matching gift.

NGP Member Signature Date _____

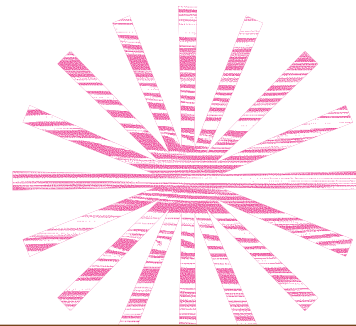
*[for **NGP** members under age 18]*

* I (Parent or Guardian) oversaw under-aged participant and confirm that he/she completed the hours volunteered.

Signature of Parent (if under 18) Date _____

Submit this form to **NGP** Program Director Lisa Lunday,
Next Generation Program

The Winifred Johnson Clive Foundation
c/o Lisa Lunday
429 Edgewood Road
San Mateo, CA 94402





NGP MATCH GRANT APPLICATION

Completion Checklist

- NGP** Member makes donation of \$50 or more to a nonprofit organization
- NGP** Member fills in section 1 and section 2 if the donation was made online or
- NGP** Member fills in section 1 and submits the Match Grant Application form to the organization along with the financial gift of \$50 or more for the organization to fill in section 2
- NGP** Member or recipient organization mails Ngp Match Grant Application Form, donation receipt letter (if no organization signature) and organization's 501c3 letter to:

Next Generations Project, c/o Lisa Lunday, 429 Edgewood Rd. San Mateo, CA 94402
 by March 30 (for May Grant) or September 30 (for November Grant).

financial match grant

Section 1 CERTIFICATE OF CONTRIBUTOR

To be filled out by **NGP** Member

Name of **NGP** Member _____

Address _____ Phone _____

I have made a gift of \$ _____ to _____
[name of organization]

I authorize the recipient organization to apply for Foundation matching gift.

NGP Member Signature _____ Date _____

Parent Signature (if under 18) _____ Date _____

[parents agree to oversee under-aged participants]

Section 2 CERTIFICATE OF RECIPIENT

To be completed by **NGP** Member or recipient organization and sent to the Foundation by March 30 (for payment in May) and September 30 (for payment in November)

Official Name of Recipient Organization _____

Mailing Address for Matching Gift _____

Organization's Tax ID Number _____

Organization's Web Address (if donation was made online) _____

- Attach a copy of your donation receipt letter (thank you letter) or the payment page (print out of the receipt) if donation was made online.
- Attach a copy of the organization's 501(c)(3) IRS tax-exempt determination letter as proof that the recipient organization is currently eligible to receive matching grants and fits under the guidelines of the Winifred Johnson Clive Foundation.

