



FOUNDATION

8440 Old Leonardtown Road
Hughesville, MD 20637
301.274.4406

Mission Statement, Guidelines & Application Check List

ORGANIZATION

SMAR Cares, Inc. is a 501c3 non-profit organization which makes funds available to provide assistance to Members of the Southern Maryland Association of Realtors®, Inc.

ELIGIBILITY

Primary SMAR Members are eligible for funding consideration provided they meet the evaluation criteria below.

EVALUATION

Applicants will be evaluated on the following:

- **MEMBERS Application**
 - Are you a current SMAR Primary Member? (Realtor® or Affiliate)
 - How long have you been a SMAR Member?
 - Appropriate use of SMAR Cares, Inc. previous grants (If applicable).

CHECKLIST FOR MEMBERS

The application form must be completed and sent with the following:

- Candidate Name.
- Your brokerage or company name.
- Are you self nominating for funding?
- If you are not self nominating, the person nominating you.
- Have you applied for funding before?
- If so, how long ago and for how much?

APPLICATION DEADLINE

The SMAR Cares, Inc. Board of Directors meets quarterly (January, April, July, and October) to evaluate applications. Applications must be received by March 1st, June 1st, September 1st, and December 1st in order to be considered at the quarterly meeting.

DISCLOSURES

- In the consideration of your application by the Foundation, please be aware of the following (not an exhaustive list):
- You will be provided a letter that will include:
 - The maximum amount of funding (will not exceed \$5,000 per applicant);
 - A required hold harmless agreement;
 - The timeline for funds disbursement, and
 - Any other pertinent legal information.



FOUNDA TION
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Road Hughesville, MD
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Candidate Name:

Brokerage / Company Name

Name & Contact of Person Nominating You:

Your Address:

Nominee's Phone Number:

Email:

Nominator's Phone Number:

1. How many years have you been a Primary Member of SMAR? (Check One)

0-3 3-5 5-10 10-15 15-20 20-25 25plus

2. Are you a? (Check One)

Realtor®

Affiliate

Staff Member

Family Member of a Primary SMAR Member

3. Are you? (Check One)

Full-Time Realtor®

Dual Career Realtor®

N/A

4. What is the amount of your request?

5. Have you ever received funding from SMAR Cares before? If so, how much and what date?

6.What is your request specifically for (Check all that apply):

- End of Life Expenses
- Medical Treatment
- Medications
- Medical Bills
- Living Expenses (Mortgage, Utilities, Taxes, etc.)
- Family Member
- Other (please explain)

7. Describe your needs in as much detail as possible (those that you are comfortable providing), including any supporting documentation that you feel the Board of Directors should be made aware of in their consideration of this request.

Submitted by: _____ Date: _____

Print Name _____

Please email your completed application to:

Richard Marshall
Secretary/Treasurer
rjm@somdrealtors.com