

## Cover Sheet

Foundation you are applying to: \_\_\_\_\_

Legal Name of Applicant Organization: \_\_\_\_\_

Project Name (if applicable): \_\_\_\_\_

Funds will pay for: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Location(s) if different from above: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax-exempt Status: (Most foundations require 501(c)(3) status. You must check this requirement before applying.)

501(c)(3) Granted  Tax I.D. Number: \_\_\_\_\_ Other: \_\_\_\_\_

**Type of Request:** *Check with individual foundations to determine the types of accepted grant requests.*

General Support  Program Support  Seed Funding  Research

Capital  Endowment  Multi-Year  Other: \_\_\_\_\_

This Grant Request: \$ \_\_\_\_\_ Total Project Budget: \$ \_\_\_\_\_

Grant Period from: \_\_\_\_\_ To: \_\_\_\_\_

Total Organizational Budget for Current Year: \$ \_\_\_\_\_ Fiscal year begins: \_\_\_\_\_

Summarize the organization's mission statement (two to three sentences):

Summarize your grant request (two to three sentences):

### **Proposal Authorization**

We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors'/Governing Body's full knowledge and endorsement:

\_\_\_\_\_  
Signature Name & Title of Authorized Board/Governing Body Representative Date

\_\_\_\_\_  
Signature Name & Title of Authorized Board/Governing Body Representative Date

# Proposal Narrative

**Directions:** Limit your Proposal Narrative to **four (4) pages maximum, with 0.8 inch margins, 12 point font or larger**. Fill in each section using the specific questions below as boldface headings with your responses in normal text.

## **Background (One page or less)**

1. Your organization's history and accomplishments.
2. Your current programs and activities. Include the constituency you serve, with specific demographic information. How are they actively involved in your organization and/or how do they benefit from your organization's work?
3. Your organization's relationships – both formal and informal – with other organizations working to meet the same need. In what way does your work differ from that of other organizations?

## **Funding Request**

1. What need or problem does your project work to address?
2. In a short paragraph, tell us your project's (or organization's) goals and the specific outcomes you project for the grant period (i.e. numbers served, behavior or attitudes changed, capital project completed, etc.).
3. Describe your project or the capital items requested, including:
  - Whether the project is new, ongoing or an expansion
  - Target audience, including specific demographic information
  - Activities/strategies that will be used to meet your stated outcomes
  - General timeline for the main objectives of your project
4. If this is a request for General Support, what are your organization's most pressing needs?
5. How do you plan to evaluate the effectiveness or impact of the project?
6. Summarize the skills and relevant experience of key staff/volunteers essential to the project's success. If other organizations are collaborating on this project, note which ones and in what ways.
7. If full funding is not available, what is the contingency plan for securing additional support and/or how can you modify your proposal?

## Board of Directors/Governing Body

Directions: Attach additional sheets if necessary.

Name	City	Affiliation/Profession	Board Position	Yrs. of Service

How often does your governing body meet? \_\_\_\_\_

## Project Budget

Note: Check with each foundation to see if this form is required.

Organization Name: \_\_\_\_\_

Name of Project (if different): \_\_\_\_\_

Budget dates for grant period: \_\_\_\_\_

**NOTE - Do not use commas as thousand separators in any of the numerical fields**

### INCOME

*Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.*

Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
<b>TOTAL INCOME</b>	0	0	0	

List the In-Kind (non-cash) contributions: \_\_\_\_\_

### EXPENSES

*Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.*

Item	Total Project (\$)	This Request (\$)	Notes
<b>TOTAL EXPENSES</b>	0	0	

# Organization Financial Summary

Note: Check with each foundation to see if this form is required.

Organization Name: \_\_\_\_\_ Fiscal Year Dates: \_\_\_\_\_

## **INCOME**

*Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.*

Source	Prior Year's Actual	Projected Annual Budget (\$)	YTD Actual (\$) as of [       ]
<b>TOTAL INCOME</b>	0	0	0

List the In-Kind (non-cash) contributions: \_\_\_\_\_

## **EXPENSES**

*Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.*

Item	Prior Year's Actual	Annual Budget (\$)	YTD Actual (\$) as of [       ]
<b>TOTAL EXPENSE</b>	0	0	0
<b>NET PROFIT OR LOSS</b>			

Total Capital Expenses			
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*i.e., computers, vehicles, building improvements, etc.:*

Notes: