



Grant Application



Contact Information

Date _____

Legal Name of Organization: _____

Organization Address: _____

Phone: () _____ FAX: () _____

Website: _____

Executive Director: _____

Phone: () _____ E-MailAddress _____

General Information

Year Founded: _____ Federal Tax ID #: _____

Geographic Area Served: _____

Number of People Served Annually: _____

Is this organization listed as "non-profit" with the Secretary of State?..... Y / N

Is this organization exempt under IRS 501(c)(3) guidelines?.....Y / N

Is this organization affiliated with any other organizations?..... Y / N

If so, please list: _____

Annual Operating Budget: _____ Number of employees: _____

Sources of income:	Last Fiscal Year	Current Fiscal Year Estimate
Corporations	_____	_____
Foundations	_____	_____
State Government	_____	_____
Local Government	_____	_____
Federal Government	_____	_____
Individual Contributions	_____	_____
Other	_____	_____



Amount of Five Largest Individual Grants Received Last Year and Source:

	Amount	Source
1.	\$ _____	_____
2.	\$ _____	_____
3.	\$ _____	_____
4.	\$ _____	_____
5.	\$ _____	_____

Certification

Signature of Officer: _____ Date _____

This signature certifies that the grantseeking organization retains its public charitable status stated on page 1, that this status is not in danger of being revoked, and that the information provided is accurate and truthful.

Please print Officer's name and position:

Required Attachments:

- Copy of 501(c)(3) IRS Tax Exempt Letter
- Current IRS Form 990
- Income statements/balance sheets for the past fiscal year
- List of Board Members, titles, affiliations, and phone numbers
- Brief history of the organization including mission statement and description of its programs (may include copies of current brochures).
- Detailed proposed budget for project

Project Information

Grant Amount Requested: \$ _____ Project start date: _____

Briefly describe the project and how it will be implemented.

_____ You may attach a separate page if needed.

What need is addressed and who will benefit from this project?



How many individuals will benefit from this project? _____

Indicate the program objectives for this project. _____

How will the success of this project be measured? Be specific.

Are other groups providing similar services in this geographic area? Y_____ N _____

If Yes, what distinguishes your project from the others or how will it complement others?

Project Funding

Total Project cost: \$_____

List sources and amount of support already committed for this project.

Source	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

List other organizations which have been, or will be, approached for funding for this project.

Source	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Describe the plans for sustaining this project in future years. _____

*The Foundation may request a site visit.