Grant Application

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| Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Prepared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PRINCIPAL OFFICE** |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| When Organized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Place of Incorporation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Incorporated as Non-Profit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the organization an 501(c)(3)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If NOT, enter application date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (E.I.N.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **REQUEST** |
| Total Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Time period for program proposed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Use of funds: Please outline proposed project or program, identifying both your target population and your planned method of improving that group's quality of life. Be specific. *(1000 characters max – use additional room on a separate document as necessary)* |
| State your organization's objectives *(400 characters max– use additional room on a separate document as necessary)* |
| Briefly summarize your organization's current efforts toward achieving those objectives.*(400 characters max– use additional room on a separate document as necessary)* |
| What geographic area do you serve?*(150 characters max– use additional room on a separate document as necessary)* |
| Describe your agency's efforts to collaborate with other organizations whose services parallel, duplicate, or aid your work. *(400 characters max– use additional room on a separate document as necessary)* |
| Name and title of paid staff head\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Organization's Fiscal Year (Month and Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Revenue received last fiscal year (excluding capital campaign funds): |
| Total government revenue received last fiscal year:  |
| Total expenditures last fiscal year:  |
| Total approved budget for current fiscal year: |
| Salary range, including deferred compensation, for all of your organization's paid employees: |
| List the methods of fund raising, used or planned (direct mail, membership solicitation, corporation/foundation solicitation, etc.), that generate your organization's revenue.*(350 characters max)* |
| List any outside fund raisers and your payment rate to them.*(250 characters max)* |
| Accounts are audited by (Certified Public Accountant,an Auditing Committee, or other (specify)): |
| Frequency of audits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **ADDITIONAL INFORMATION** |
| Please include the following with your application:**1.** Copy of 501(c)(3) certification |
| **2.** Detailed budget for the use of the requested funds.**3**. If your organization’s combined cost of administration, public relations, and fund raising exceeds 20% of total expenditures for the previous fiscal year, please enclose a statement explaining your high administrative expenses. |
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| **I certify that the aforementioned and enclosed information is complete and accurate.** |
| Name (person to contact if we have questions) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work telephone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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