



Grant Application

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.) \_\_\_\_\_

**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 \_\_\_\_\_

Organization's Fiscal Year (Month and Year) \_\_\_\_\_

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? \_\_\_\_\_



**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.

**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** \_\_\_\_\_