The Community Foundation’s

2015 Spring Grant Cycle Application

(formerly “Howland Grant Cycle”)

## *Section 1.* Agency Information

(Please limit this section to one and a half pages)

1. Organization Name:
2. Agency Mission:
3. Mailing Address:
4. Phone #:
5. Fax #:
6. Executive Director:
7. Phone # (if different from above):
8. E-mail address:
9. Website address:
10. 9 digit Federal Employer ID #:
11. Year the organization was incorporated:
12. Would you like your application shared with additional Community Foundation fund representatives for possible funding? Yes No
13. # of paid Full-time (F.T.E.) Equivalents in organization:
14. For current fiscal year -
    1. Organization’s total budgeted revenue:
    2. Organization’s total budgeted expenses:
    3. Dates of current fiscal year:
    4. Revenue Sources (please complete chart)

|  |  |  |  |
| --- | --- | --- | --- |
| Organizational Revenue | *% of total Revenue* | | |
|  | Last Year | This Year | Next Year |
| 1. Fundraising events |  |  |  |
| 1. Gifts from individuals |  |  |  |
| 1. Gifts from Corporations |  |  |  |
| 1. Foundation support (list foundations below) |  |  |  |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| 1. United Way |  |  |  |
| 1. Government agencies (Grants/Contracts) |  |  |  |
| 1. Program service fees |  |  |  |
| 1. Membership dues |  |  |  |
| 1. Investment income/transactions |  |  |  |
| 1. Sales: services, products, crafts |  |  |  |
| 1. Miscellaneous revenue (describe) |  |  |  |

1. Please provide a general description of your organization (include a description of the population served and the principal geographic area of service).

## *Section 2.* Project/Program Information

(please limit this section to two pages)

1. Project Title pertaining to this proposal:
2. Contact Person for this proposal:
3. Title:
4. Phone:
5. E-mail:
6. Total Project Cost:
7. Amount Requested:
8. If we are unable to fund the fully requested amount,
   1. Will you accept partial funding?
   2. If so, specify amount:
9. Timeframe and/or duration of project:
10. Which county or counties does this project serve?
11. Which program area(s) does your proposal fall under (indicate by underlining or highlighting): *Aging, Youth, Animal Welfare, Environmental Preservation*
12. Please provide a brief summary (no more than 2 sentences) of the project or purpose for which funding is requested.
13. Please Provide a more thorough description of the project or purpose for which funding is requested.
14. Who will be served by this project proposal (target population including: age range, gender, those in a particular location, etc.)?
15. What is your target number of those served by this project proposal? What informs your target number? (An increase or decrease in need? More specialized services?)
16. What desirable outcomes have you identified for this project? How do you define success of the program?
17. What evaluative measures are you using and what results will you be looking for? If you have carried out this program in the past, please provide the evaluated results as an attachment.
18. If you are unable to obtain a grant from this or another granting body, will this project still be carried out? How has this program been funded in prior years?
19. If this is a new program, what is your agency’s experience in carrying out this kind of project? If this is not a new program, what have you learned about best practices in meeting this need?
20. Please describe collaborative efforts on this project. (Include opportunities and/or limits regarding collaboration).
21. Will volunteers be used for this project? If so, how?

***Section 3.* Program/Project Budget Sheet**

A. Provide the following information regarding the program or project for which you seek funds.

|  |  |
| --- | --- |
| REVENUE | **Total Support/Revenue** |
| 1. Amount Requested in this grant proposal |  |
| 1. Fundraising events |  |
| 1. Gifts from individuals |  |
| 1. Gifts from Corporations |  |
| 1. Foundation (grant) support (list foundations below) |  | Pending/denied/approved? |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. United Way |  |
| 1. Government agencies (Grants/Contracts) |  |
| 1. Program service fees |  |
| 1. Membership dues |  |
| 1. Investment income/transactions |  |
| 1. Sales: services, products, crafts |  |
| 1. Miscellaneous revenue (describe) |  |
| **Total Support/Revenue** |  |

\*please keep the Community Foundation informed if funding circumstances change during the review process.

|  |  |  |
| --- | --- | --- |
| EXPENSES | **Total Expenses of project** | **Expenses Covered By Requested Grant** |
| 1. Salaries of provider staff |  |  |
| 1. Fringe benefits |  |  |
| 1. Professional fees (contract, consultant) |  |  |
| 1. Supplies (consumable) |  |  |
| 1. Printing and postage |  |  |
| 1. Occupancy |  |  |
| 1. Phone and fax |  |  |
| 1. Travel and meetings |  |  |
| 1. Training |  |  |
| 1. Evaluation |  |  |
| 1. Equipment purchases |  |  |
| 1. Miscellaneous expenses (describe) |  |  |
| 1. General & Management Expenses |  |  |
| **Total Expenses** (should be the same as #6 in section 2) |  |  |

|  |  |
| --- | --- |
| **Surplus (Deficit)** |  |

**B. Please provide a budget narrative to provide details for the above figures in no more than 1 page.**

***Section 4.* Signatures**

(These signatures are required for acceptance of the application. They can be submitted electronically, faxed or delivered by the due date).

**I have read this 2015 Spring Grant Cycle application and authorize it for submission on behalf of the following organization:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Executive Director

\_\_\_

Printed name of E.D. Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Board Officer

\_\_\_

Printed name Board Officer Date

Board Position