“2 Year Grants, Magnified Results”

The Community Foundation’s

Grant Application - Fall, 2013

## *\*Please review the Grant Guidelines found on our website before completing this application.*

## *Section 1.* Organizational Information

(Please limit this section to 1 page)

1. Organization Name:
2. Mission:
3. Mailing Address:
4. Phone #:
5. Fax #:
6. Executive Director (CEO, etc.):
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. # of paid Full-time (F.T.E.) Equivalents in organization:
13. 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 (projected) |
| 1. Fundraising events
 |  |  |  |
| 1. Gifts from individuals
 |  |  |  |
| 1. Gifts from Corporations
 |  |  |  |
| 1. Foundation support (list foundations below)
 |  |  |  |
| 1.
 |  |  |  |
|  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 2 pages)

1. Project/Program title pertaining to this application:
2. Contact Person for this proposal:
3. Title:
4. Phone:
5. E-mail:
6. Total Project Cost:
7. Amount Requested:
8. Will this project be completed by November 2, 2015 as required by the grant guidelines?
9. What geographical region does this program serve?
10. Place an “X” next to the grant making area being met by this request:
	1. \_ Support for a program or project with demonstrable outcomes
11. \_ Capacity Building
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 full description of the program/project for which funding is requested. Include how it fits into at least one of the above grantmaking areas.
14. Describe how this program/project will meet the grantmaking goals of strengthening assets, attaining greater resources, efficiency and/or effectiveness in your organization (see goals in guidelines).
15. Describe why this program/project would benefit from a two year grant. **Attach a timeline that includes the month and year of the projected milestones of this program/project.**
16. Describe how this program is meeting a community need.
17. How can you indicate community support for this program?
18. **OUTCOMES**:
	1. What desirable outcomes have you identified for this program/project?
	2. How do you define success of the program/project?
	3. What evaluative measures are you using and what results will you be looking for (if this program/project has been carried out in the past, please attach evaluated results)?
19. If you are unable to obtain a grant from this or another granting entity, will this program/project still be carried out? How has this program/project been funded in prior years?
20. Please describe collaborative efforts on this program/project, include opportunities and/or limits regarding collaboration (please include a letter of support from any collaborating organization or entity).

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

A. Provide the following information regarding the program or project for which you seek funds. Include funding for both years combined.

#### REVENUE

|  |  |
| --- | --- |
|  | **Total Anticipated Support/Revenue** |
| 1. Amount requested in this grant proposal
 |  |
| 1. Fundraising events
 |  |
| 1. Gifts/bequests
 |  |
| 1. Miscellaneous contributions
 |  |
| 1. Foundation/corporate grant support
 |  |
| 1. United Way
 |  |
| 1. Grants/contracts: govt. agencies
 |  |
| 1. Program service fees
 |  |
| 1. Membership dues
 |  |
| 1. Investment income/transactions
 |  |
| 1. Sales: services, products, crafts
 |  |
| 1. Miscellaneous revenue
 |  |
| Total Support/Revenue |  |

#### 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 in narrative)
 |  |  |
| 1. General Operating (up to 20% of request)
 |  |  |
| Total Expenses (same as #6 & #7 in section 2) |  |  |

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

**B. Please provide a budget narrative (one page maximum).** (Note other sources of support you expect for this project: financial, in-kind, volunteer, etc.).

***Section 4.* E.D. and Board Signatures**

**These signatures are required for acceptance of the application. These can be scanned and submitted electronically, faxed or delivered by the due date. Two signatures are required for application submission:**

**501(c)(3) Organizations:** Executive Director and Board Member (Two Board Members if there is no E.D.)

**Municipality**: Mayor/Town Supervisor and one member of council or governing body

**I have read this Fall, 2013 Community Foundation application and authorize it for submission on behalf of the following organization**:

\_\_\_

Organization

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

Executive Director or other Authorized Signature #1

\_\_\_

Printed name #1 Date

\_\_\_

Printed title #1 Date

e-mail address #1

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

Exec. Board Member Signature #2

\_\_\_

Printed name #2 Date

\_\_\_

Printed title #2 Date

e-mail address #2