



Grant Application Form - 2019

Please ensure that you have read the Grant Application Overview & Guidelines before completing this application. We highly recommend that you keep the Grant Application Evaluation Criteria in mind/at hand as you complete your application. (Note this is a road map and not individual factors that will count for/against the project.) Fields in red are required.

Section 1: Executive Summary

1.1 Organization Name:

1.2 Project Name

1.3 Total Project Budget

1.4 Amount Requesting for Project

(if different from above)

1.5 Organization Annual Budget:

1.6 If you are submitting multiple grant applications, please prioritize this (and each subsequent project) based on the number you are submitting. Maximum five (5) applications.

Priority number

1.7 Organization's Mission Statement:



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Section 2: Project Description – Please observe word count restrictions

2.1 Project Status: One time New Existing

2.3 Project Start Date: Project End Date:

2.3 Project Location:

2.4 Project Summary: (Limit 100 words)

2.5 Who is the target population? Describe in detail and provide examples. (Limit 100 words)



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Section 3: Project Goals – Please observe word count restrictions

3.1 Describe in detail below the top 1 – 3 goals for the project. Limit each response to 100 words.

Goal 1: Description

Goal 1: Activities:



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Goal 1: How will you know that you have achieved your goal?

Goal 1: Provide an example of what success would look like:



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Goal 1: How will you measure the project's success?

Goal 2: Description

Goal 2: Activities:



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Goal 2: How will you know that you have achieved your goal?

Goal 2: Provide an example of what success would look like:



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Goal 2: How will you measure the project's success?

Goal 3: Description

Goal 3: Activities:



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Goal 3: How will you know that you have achieved your goal?

Goal 3: Provide an example of what success would look like:



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Goal 3: How will you measure the project's success?



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Section 4: Financial Information

4.1 Project Budget

<u>Cost</u>	<u>Item/description</u>	<u>Total Cost</u>
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TOTAL PROJECT COST

Additional Source(s) of Income (if any)

<u>Source</u>	<u>Amount</u>
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TOTAL ADDITIONAL SOURCES OF INCOME



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4.2 Do you have 501 (c)(3) certification or other charitable designation? Yes No
(first time applicants please attach)

If no, are you applying using another non-profit's 501 (c)(3) status? Yes No

4.3 Please indicate which financial practices your organization follows

- | | | | | |
|---|----------|-----------|----------|-------|
| <input type="checkbox"/> Annual financial statements: | Compiled | Reviewed | Audited | |
| <input type="checkbox"/> Financial reporting to your Board of Directors | Monthly | Quarterly | Annually | Other |



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Section 5 – Organization Information

5.1 Organization URL:

5.2 Mailing Address:

5.3 CEO/Executive Director

Name:

Email: .

5.4 Project Coordinator

Name:

Email:

5.5 Remember to please upload the following:

Current list of Board of Trustees/Directors with phone numbers, emails and titles

Current P&L and Balance Sheet

First time applicants only:

Copy of IRS Letter of Determination for 501(c)(3) tax exemption

Current Bylaws



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Section 6: Certification & Signature

By digitally signing your name(s) below, you agree to the following:

I/we certify that the information contained in this grant proposal and its attachments are complete and accurate to the best of my/our knowledge.

CEO/Executive Director

Agree

Date

Board Chair/President

Agree

Date