

## GRANT APPLICATION FORMAT

### A. COVER LETTER

One page tailored to address the interests and specific priorities of the funding source and amount requested.

### B. SUMMARY OF APPLICANT ORGANIZATION: (use attached form)

C. NARRATIVE: Brief summary of the project (not to exceed one page) outlining its purpose, expected results and how the results are to be measured. Please include the following:

1. Agency Information - mission statement, organization history, current programs and accomplishments.
2. Purpose of Grant. - issue to be addressed and who will benefit; goals, activities planned, timelines
3. Evaluation - Expected results, criteria for measuring success, how results will be communicated

### D. ATTACHMENTS: Please attach the following:

1. Board of Directors
2. List of names and qualifications of key staff;
3. Most recent fiscal year-end financial statements (audited if available);
4. Annual report (if available);
5. Current IRS determination letter(s) clarifying applicant's 501(c)(3) and 509(a) status

SUMMARY OF APPLICANT ORGANIZATION

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact (if other than Executive Director): \_\_\_\_\_

Email: \_\_\_\_\_ Web address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purpose of Grant:

- General operating (support for organization as a whole)
- Special program/project (support for specific activity of the organization that is consistent with its mission)
- Start-up costs
- Endowment
- Technical assistance
- Other

Brief description of request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization budget: \_\_\_\_\_ Fiscal year: \_\_\_\_\_

Program budget: \_\_\_\_\_ Fiscal year: \_\_\_\_\_

Fiscal year ends: \_\_\_\_\_ Amount of Request: \_\_\_\_\_

\_\_\_\_\_  
Signature, President, Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director

\_\_\_\_\_  
Date

PROGRAM/PROJECT BUDGET

PROGRAM NAME: \_\_\_\_\_  
(Not applicable for general operating expenses)

Itemize Expenses:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

TOTAL COST (A) \$ \_\_\_\_\_

FUNDS AVAILABLE FOR PROGRAM:

Gifts & Grants (pledged or paid)	\$	_____
Trustees	\$	_____
Corporations	\$	_____
Foundations	\$	_____
Individuals	\$	_____
Government	\$	_____
Other (earned income, special events, membership, subscriptions, etc.)	\$	_____

TOTAL FUNDS AVAILABLE (B) \$ \_\_\_\_\_

BALANCE REQUIRED (A minus B) \$ \_\_\_\_\_

AMOUNT REQUESTED \$ \_\_\_\_\_