

## **GRANT REQUEST FORM**

### **BACKGROUND INFORMATION**

Request date: \_\_\_\_\_ Employer I.D. No.: \_\_\_\_\_

Federal Tax Determination Date: \_\_\_\_\_ Fed. Tax Exemption Classification: \_\_\_\_\_

Do you qualify as a 501(c)3? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Chief Staff Member: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

**Mission of the Organization:** \_\_\_\_\_

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

**Amount Requested \$:** \_\_\_\_\_

Please attach a document answering the following questions.

- 1) Description of the project (Include in narrative)
  - a) The specific need you wish to address
  - b) Its significance to the community and its particular benefit
  - c) Its goal and objectives
  - d) The names and qualifications of those persons who will execute the project
  - e) The number of people the grant will impact
- 2) Budget
  - a) Complete budget for the project
  - b) How you propose to fund the project
  - c) The amount you are requesting.
  - d) The names of other funding sources to which you are applying for assistance
  - e) No fewer than 3 price quotes from vendors for all services or durable goods to be purchased

**ORGANIZATION NAME:** \_\_\_\_\_

Please indicate whether there has been any change in the organization's purpose, character, or method of operation since the issuance of its IRS tax ruling:      YES \_\_\_\_\_      NO \_\_\_\_\_

If acting as fiduciary agent for another party/organization please attach a 1-page letter of explanation/support.  
(Define relationship between agencies; express commitment to the project/programs success)

This grant request is being submitted with the knowledge and authorization of the Board of Directors.

Name: \_\_\_\_\_, Board President/Chair

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GOVERNANCE INFORMATION:**

Number on your Board: \_\_\_\_\_

Check the Standing Board Committees that exist:

Executive \_\_\_ Personnel \_\_\_ Fundraising \_\_\_ Program \_\_\_  
Finance \_\_\_ Audit \_\_\_ Other (specify) \_\_\_\_\_

The Board of Directors generally meets \_\_\_\_\_ times a year

Board Committees generally meet \_\_\_\_\_ times per year

Number of Board Members who support your organization by:

Donating money \_\_\_\_\_ Providing in-kind gifts/services \_\_\_\_\_  
Cultivating fundraising contacts \_\_\_\_\_ Other (specify) \_\_\_\_\_

**VOLUNTEER PARTICIPATION IN YOUR ORGANIZATION:**

Estimated number of volunteers involved in the past year: \_\_\_\_\_

Estimated number of volunteer hours donated in the past year: \_\_\_\_\_ hours

Estimated dollar value of volunteer time donated: \$ \_\_\_\_\_

**FINANCES:**      **Fiscal Health Information**

*This detailed information is intended to provide the Foundation's staff with an important overview of your organization's health.*

*It is required that we have a response to each item listed below.*

**Current overall operating budget:** \$ \_\_\_\_\_

**Current source of funds** (in %):

Federal \_\_\_\_\_%      Corporate \_\_\_\_\_%      Annual giving \_\_\_\_\_%      Fees \_\_\_\_\_%  
State \_\_\_\_\_%      Foundation \_\_\_\_\_%      Endowment income \_\_\_\_\_%      Contracts \_\_\_\_\_%  
Local \_\_\_\_\_%      Special events \_\_\_\_\_%      Investment Income \_\_\_\_\_%      Other \_\_\_\_\_%  
*(NOTE: Total can be greater than 100% since some categories may overlap)*      [Specify]

**From your most recent financial audit or Form 990** for year ending \_\_\_\_/\_\_\_\_/\_\_\_\_:

Percentage of operating expenses spent on:

Direct services \_\_\_\_\_%; Fund-raising \_\_\_\_\_%; Management \_\_\_\_\_%

Current assets _____	Current liabilities _____
Net Prop/Equip _____	Long-term Debt _____
LT Investments _____	Total Liabilities _____
Total assets _____	Total Net Assets _____
Unrestricted Net Assets _____	

Amount of operating reserve funds available: \$ \_\_\_\_\_

How many months of operating expenses would this cover? \_\_\_\_\_

Do you have a permanently restricted Endowment Fund? \_\_\_\_\_ yes; \_\_\_\_\_ no

If "yes", current fund balance \$ \_\_\_\_\_

Amount/percentage of operating budget ending in surplus/deficit: (please check)

Surplus \$ \_\_\_\_\_; \_\_\_\_\_%       Deficit \$ \_\_\_\_\_; \_\_\_\_\_%

**If there is a deficit, is this a recurring deficit in the past three years?** YES \_\_\_ NO \_\_\_

Explain reason for deficit: \_\_\_\_\_

\_\_\_\_\_

Do you have any current organization loans greater than \$50,000? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please briefly explain: \_\_\_\_\_

\_\_\_\_\_

**LEGAL: Litigation Information**

Does your organization have any open matters of litigation currently pending? YES \_\_\_\_\_; NO \_\_\_\_\_

If yes, please explain in an attachment to your proposal

Does your organization carry Directors & Officers Insurance? YES \_\_\_\_\_; NO \_\_\_\_\_