

2020 Grant Application

Organizational Profile

Date of application: _____

Organization name: _____

Year founded: _____

Employer Identification Number: _____

Street address/city/state/zip: _____

Executive Director: _____ Phone: _____ email: _____
(Or equivalent, please state title)

Development Director: _____ Phone: _____ email: _____
(Or equivalent, please state title)

Please indicate the primary contact for this grant application: _____

Website: _____

Describe the mission of your organization: _____

Number of full-time employees: 2019 _____ 2018 _____

Number of people served: 2019 _____ 2018 _____

Signature and Title of responsible Officer of your organization: _____

Include current list of board of trustees and their occupation

PLEASE LIMIT YOUR RESPONSE TO QUESTIONS BELOW TO A MAXIMUM OF 5 PAGES
(MINIMUM FONT 12)

1. What is the purpose of this grant proposal and what dollar amount is requested?

2. What is the current impact of your program, what needs would be met with this request and how would your impact increase?

3. List timeframe of your proposal:

4. What are the expected outcomes and how will they be measured?

5. What are your plans for long-term funding of this project? Include your plan for financial sustainability.

6. What impact has COVID-19 had on your organization, programs, overall health and sustainability; and what changes have been made as a result?

Financial Information

- Specific amount requested: _____
- Annual budget: _____
- Request is _____% of your annual organization budget
- List other sources of funding applicable to the proposal. List each source and amount requested. Indicate if the status of the funding is pending, committed or received and for what year:

Source: _____ Amount: _____ Status: _____ Year: _____

Source: _____ Amount: _____ Status: _____ Year: _____

Source: _____ Amount: _____ Status: _____ Year: _____

- Percentage of Board Members who contribute financially to your organization _____%
Total Board Contributions: \$_____
- Number of full Board meetings last year: _____
Average % of Board members in attendance at those meetings _____%

- List the organization's top three salaries, including benefits.

Position: _____ Salary: _____ Benefits: _____

Position: _____ Salary: _____ Benefits: _____

Position: _____ Salary: _____ Benefits: _____

- Does your organization have an endowment? _____
What is its worth? _____
- List amount and nature of all outstanding debt as of application date: _____
 - Attach current organizational budget
 - Attach actual budget from last year
 - Attach project budget, if applicable
 - Attach current list of board of trustees and their occupation