

2026 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, title and email address for this grant application:

Website: _____

Describe the mission of your organization: _____

Please note: If you are a national organization, all information on this form, including the financial information on pages 3 and 4, should be for the Indiana chapter/program

Number of full-time employees: 2025 _____ 2024 _____

Number of part-time employees: 2025 _____ 2024 _____

Number of volunteers: 2025 _____ 2024 _____

Number of unduplicated people served: 2025 _____ 2024 _____

(How was this number determined?) _____

Signature and Title of responsible Officer of your organization: _____

5. List timeframe of your proposal:

6. How will the organization measure positive outcomes? What will the organization do if these outcomes are not met?

7. If this project is ongoing, what are your plans for long-term funding?

Financial Information

- Specific amount requested: _____
- Annual budget: _____
- Request is _____% of your annual organization budget

- List your organization's top 3 funders:

Source: _____ Amount: _____ Purpose: _____

Source: _____ Amount: _____ Purpose: _____

Source: _____ Amount: _____ Purpose: _____

- List funders who have committed to **THIS** project and the amount given or pledged:

Source: _____ Amount: _____ Given: _____ Pledged: _____

Source: _____ Amount: _____ Given: _____ Pledged: _____

Source: _____ Amount: _____ Given: _____ Pledged: _____

- 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:
(If you reported "0" employees on page 1, please name the top three recipients paid for services rendered)

Position: _____ Salary: _____ Benefits: _____

Position: _____ Salary: _____ Benefits: _____

Position: _____ Salary: _____ Benefits: _____

Name: _____ Services Rendered: _____ Amount: _____

Name: _____ Services Rendered: _____ Amount: _____

Name: _____ Services Rendered: _____ Amount: _____

- Does your organization have an endowment? _____
What is its worth? _____
What percent did you draw from the endowment last year? _____%

- List amount and nature of all outstanding debt as of application date: _____

Board Members:

- Attach current, concise list of board members, their occupation and their employer (2 pages max)
- Did any board member (personally or via their employer) receive compensation? _____
- Did any board member's employer receive funding for services rendered? _____

According to the guidelines on the checklist:

- Attach current organizational budget with last year's actuals in side-by-side format (2 pages max)
- Attach total budget for your project (if applicable) and detail how Noyes Foundation funding would be designated within the budget.
- Attach current list of board members as specified above