Common Grant Application Form

GRANT APPLICATION COVER SHEET

Date of Applicat	ion:	FEI Number:		
Legal name of or	ganization applying:(Should be same as on IRS	S determination letter and as supplied on IRS Form 990.		
V E 11				
	-	rating Budget: \$		
Executive Direct	or:	Phone number:		
Contact person/	title/phone number (if different from e	executive director)		
Address (principa	al/administrative office):			
City/State/Zip: _				
Fax Number:	nber:E-mail Address:			
	• •	ears:		
Project Name: _				
Purpose of Gran	t (one sentence):			
Dates of the Pro	ect:Amount Rec	quested: \$		
Total Project Co	st: \$			
Geographic Area	Served:			
	Signature, Chairperson, Board of Di	rectors Date		
	Typed Name and Title			
	Signature, Executive Director	<i>Date</i>		
	Typed Name and Title			

COMMON GRANT APPLICATION FORMAT

Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, thus leaving flexibility for length of response.

A. NARRATIVE

1. Executive Summary

· Begin with a half-page executive summary. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

2. Purpose of Grant

- · Statement of needs/problems to be addressed; description of target population and how they will benefit.
- · Description of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the sponsoring organization.
- · Timetable for implementation.
- · Who are the other partners in the project and what are their roles?
- · Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.
- · Describe the active involvement of constituents in defining problems to be addressed, making policy, and planning the program.
- · Describe the qualifications of key staff and volunteers that will ensure the success of the program. Are there specific staff training needs for this project?
- · Long-term strategies for funding this project at end of grant period.

3. Evaluation

- · Plans for evaluation including how success will be defined and measured.
- · How evaluation results will be used and/or disseminated and, if appropriate, how the project will be replicated.
- · Describe the active involvement of constituents in evaluating the program.

4. Budget Narrative/Justification

- · Grant budget; use the **Grant Budget Format** that follows, if appropriate.
- · On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
- · List amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
- In the event that we are unable to meet your full request, please indicate priority items in the proposed grant budget.

5. Organization Information (not required if a past grantee within the past five years)

- · Brief summary of organization's history.
- · Brief statement of organization's mission and goals.
- · Description of current programs, activities and accomplishments.
- · Organizational chart, including board, staff and volunteer involvement.

B. ATTACHMENTS

1. A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status.

2. Finances

- · Organization's current annual operating budget, including expenses and revenue.
- · Most recent annual financial statement
- 3. Annual report, if available. (only for first time applicants)

GRANT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the	e project budget in this for	rmat and in this order.			
A. Organizational fiscal year:					
B. Time period this budget covers:					
C. For a CAPITAL request, substitute yearchitectural fees, land/building purchase					
D. Expenses: include a <i>description and the total amount</i> for each of the following budget categories, in this order:					
Salaries	\$		\$		
Payroll Taxes	\$		\$		
Fringe Benefits	\$		*		
Consultants and	Ψ		Ψ		
Professional Fees	\$		\$		
Insurance	\$		¥		
Travel	Ψ \$		Ψ ¢		
Equipment	Ψ		₩ <u></u>		
Supplies	\$		¥		
Printing and Copying	Ψ \$		Ψ ¢		
Telephone and Fax	\$		\$		
Postage and Delivery	\$		\$		
Rent	\$		\$		
Utilities	\$		\$		
Maintenance	\$		\$		
Evaluation	\$		Ψ ¢		
Marketing	Ψ		₩ <u></u>		
Other (specify)	Ψ		₩ <u></u>		
Total amount requested	Ψ	Total project e	expenses \$		
Total amount requested	Ψ	Total project c	.xpcnses ψ		
E. Revenue: include a description and the total amount for each of the following budget					
categories, in this order; please indicate which sources of revenue are committed and which are					
pending.					
	<u>Com</u>	mitted	Pending		
1. Grants/Contracts/Contributions			_		
Local Government	\$		\$		
State Government	\$		\$		
Federal Government	\$		\$		
Foundations (itemize)	\$		\$		
Corporations (itemize)	\$		\$		
Individuals	\$		\$		
Other (specify)	\$		\$		
2. Earned Income			<u></u>		
Events	\$		\$		
Publications and Products	\$		\$		
3. Membership Income	* *		\$		
4. In-Kind Support	* \$		\$		
5. Other (specify)			\$ \$		
6. Total Revenue	\$		\$		