

- 1 Before You Begin
- 2 Organization Information
- 3 Contact Information
- 4 Request/Project Information
- 5 Attachments
- 6 Review My Full Application

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click **Submit** to forward your application for consideration. If you're not ready to submit your application yet, click **Save & Finish Later**.

Before You Begin

[Printer Friendly Version](#) | [E-mail Draft](#)

* Required before final submission

Online Application Instructions

1. Navigate through the application by using the Page Title tabs at the top of the screen or the Next button at the bottom of the page. Do not use the browser's back or forward keys.
2. You may save your work and return to it at any time by clicking the Save and Finish Later button at the bottom of the screen. You will receive an e-mail notification with information about how to return to the saved draft.
3. An asterisk indicates a required field. The blue i button offers additional information. The red check symbol to the right of a text box means that a spell-check feature is available.
4. Word count limits are shown at the bottom of some fields. Do not feel that you need to use all the space available.
5. You have an opportunity to review your completed Inquiry or Full Application on the final page. Select the Submit button to send it to the Foundation. You will receive an e-mail notification with a copy of the application.

Organization Information

General Information

Tax ID ⓘ

Required for all 501(c)(3) organizations

* **Organization Name**

Legal Name (if different)

* **Address**

* **City**

* **State**

- Select One - ▼

* **Zip Code**

* **Phone Number**

Format: 999-999-9999

Web Address

Fiscal Agent Information (if applicable)

Fiscal Agent Organization Name

Fiscal Agent Contact Information

Please list the first and last name of the contact person for the fiscal agent organization.

Fiscal Agent Phone

Tax ID

Organization Background Information

* **Government Issued Ruling Year**

* **Organization's Annual Operating Budget**

Format: \$100,000

* **Number of Full-Time Employees**

* **Number of Part-Time Employees**

* **Number of Board Members**

* **Number of Volunteers**

* **Mission statement approved by the board.**

Word count 0 of 125

* **Brief background/history of organization**



Word count 0 of 250

* **Brief description of organization's primary current programs**



Word count 0 of 250

* **Geographic Area Served Narrative**

Geographic area served by the organization



Word count 0 of 125

* **Population(s) served by the organization**



Word count 0 of 125

* **Fiscal Year Start Date**

* **Fiscal Year End Date**

Most recently completed fiscal year.

* Contrib Gifts Grants ⓘ

* Program Expenses

* Program Service Revenue ⓘ

* Administration Expenses

* Membership Dues

* Fundraising Expenses

* Special Events Net Income ⓘ

* Payments to Affiliates

* Other Revenue

* Other Expenses Description

* Total Revenue

* Total Expenses

* Total Assets

* Total Liabilities

* Net Assets Fund Balance EOY ⓘ

* Funding history, including both public and private funds

Indicate proportions of funding from specific sources and mention any significant changes in this area.



Word count 0 of 250

Contact Information

Executive Director or Head of Organization

* Prefix

* First Name

* Last Name

* Title

* E-mail

* Office Phone

Format: 999-999-9999

Extension

Request Primary Contact

The Foundation will contact this person with any questions or correspondence related to this proposal.

Same as Executive Director or Head of Organization entered above

* Prefix

* First Name

* Last Name

* Title

* E-mail

* Office Phone

Format: 999-999-9999

Extension

Request/Project Information

Project Information

*** Title of Request/Project**

Indicate project title or operating support or capital request

*** Amount Requested**

Format: \$10,000

*** Total Project Budget**

Enter organization budget if requesting operating support. Format: \$100,000

*** Number of people served by project**

Please enter a numeral.

*** Brief description of the project and proposed use of funds**



Word count 0 of 250

*** Describe the targeted population served by the project**



Word count 0 of 250

*** Geographic area of people served by the project**

Word count 0 of 250

*** Project Time frame**

Indicate the project beginning and end dates or that the project is ongoing.



Word count 0 of 100

*** Grants from other foundations**

List grants pending and received for the project or for operating support. Include name of foundation, amount, and purpose.

Project Details

Please address the following details about your proposal. For operating support grants, indicate the overall goals and objectives for the organization during the grant year.

*** NEED:**

Discuss the need or issue that the project addresses



Word count 0 of 250

*** OUTCOMES:**

Describe the overall goal and specific desired outcomes of the project. We will ask that you report on progress toward these objectives in your final report.

Word count 0 of 250

*** IMPLEMENTATION:**

Outline the activities, strategies, timetable for achieving the desired results

Word count 0 of 250

*** MEASUREMENT:**

Describe the plans for assessing progress and criteria used for measuring effectiveness

Word count 0 of 250

*** CAPACITY:**

Describe your organization's ability to carry out the work, including specific strengths or concerns

Word count 0 of 250

*** PARTNERS:**

Indicate other public and private organizations that are involved and the nature of their involvement

Word count 0 of 250

*** SUSTAINABILITY:**

Once the grant period has ended, will the project continue? If so, what are the plans to sustain the project and share lessons learned?

Word count 0 of 250

Optional Project Attachment

A file with charts, photos, or maps can be uploaded here, if it is helpful to understanding the project.

No file chosen

Acknowledgment

Please type your name below once you have determined the following to be true:

- * **• The board of directors has authorized filing of this request**
- The information is true and correct to the best of your knowledge**
- You are an authorized representative of the organization**

Attachments

Attachments

*** List of board of directors**

Please include employment and/or community affiliations

No file chosen

*** Most recent financial statement**

Most recent audit, Balance Sheet, or Statement of Financial Position

No file chosen

*** Organization operating budget**

Please include current fiscal year revenue and expenses, previous fiscal year budgeted, and previous fiscal year actual.

No file chosen

Detailed project budget

Required for non-operating support requests. The budget should include projected expenses and sources of committed and anticipated revenue. Note specific sources and amounts of any pending funding requests. A budget narrative may be included as needed.

No file chosen

501(c)(3) IRS determination letter

Required for all 501(c)(3) first time applicants.

No file chosen

501(c)(3) IRS determination letter of fiscal agent

Required if using a fiscal agent

No file chosen

Letters of agreement and/or support

If applicable include a letter of support from the collaborating organization. Requests to work with schools should include a letter from the school.

No file chosen

Additional Information

Any additional information you would like to provide about the organization or current request.