

Grant Application Form
As of January, 2015

Name of Agency:	Date:
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1. Agency Information

Mailing Address: _____
Program Site _____
Address: _____
Telephone: _____ Fax: _____
Website: _____
Contact Person: _____
Contact Person's _____
Title: _____
Telephone: _____
E-mail: _____
Executive Director: _____
Date Founded: _____ Tax ID #: _____
Exempt Status: 501(3)(c) Govt. Agency Other

Explain "Other" exempt status and any Agency affiliation with a religious, political, or larger entity on a separate sheet.

2. Summary of Amount and Purpose of Funds Requested

3. Agency's Mission and Key Activities

4. Agency's Financial Data for the Past Fiscal Year

Fiscal year ending date: _____

Please attach most recent annual operating budget & revenue/expense statement.

Explain any significant changes in Agency revenue or expenses between last fiscal year & current fiscal year (limit description to the space provided below)

5. Personnel

Total # of paid FTE employees in Agency _____

Total # of volunteers in Agency _____

6. Grant Request (information should reflect period 7/2015 to 6/2016)

Amount of funding requested (up to \$10,000):

Describe the purpose for the funds requested and why the effort is compelling to fund.

Address such issues as:

- If a program, what will be offered program-wide & with these funds?
- How many youth will be served?
- What are the social & demographic characteristics of the population?
- In what geographic area?
- What ages?
- How will they benefit?
- How might you measure your impact?
- What other sources of funding are available for this effort?
- If funds are for operations or a one-time expense, how will this make "the difference" in your ability to fulfill your mission?

Provide a program or administrative budget. Include a narrative that explains other current & past funds available for this program, activity or need. Discuss whether there will be ongoing need after the grant year.

7. Primary Service Provided (Identify the primary service provided and specify the population targeted)

(CHECK ONE BOX ONLY)

- | | |
|---|---|
| <input type="checkbox"/> After School Support | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Children with Special Physical Needs | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Food/Hunger/Nutrition | <input type="checkbox"/> Victims of Abuse, Violence |
| <input type="checkbox"/> Foster/Adopted Children | <input type="checkbox"/> Otherwise Disadvantaged |
| <input type="checkbox"/> Health Services | |