

Grant Application Form
As of March, 2016

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.

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 7/2016 to 6/2017)

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.

Please email this information separately to grants@childrenssupportleague.org

7. Primary Service Provided (Identify the primary service provided by the program 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 | |

Who is the population targeted?

Other comments?

Please email this completed form and any supporting documents to grants@childrenssupportleague.org