



**2017 GRANT APPLICATION
COVER SHEET**

Date of Application: _____

Legal name of organization applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: _____ Current Operating Budget: _____

Executive Director: _____ E-mail Address: _____

Contact person/title/phone number:
(if different from executive director): _____

Address *(principal/administrative office):* _____

City/State/Zip: _____

Phone number: _____ Fax Number: _____
(include area code) (include area code)

Web address: _____

List any previous support from this funder in the last 5 years: _____

Project Name: _____

Purpose of Grant *(one sentence):* _____

Start/End Dates of the Project: _____ Amount Requested: \$ _____

Total Project Cost: \$ _____

Geographic Area Served: _____

Signature, Chairperson, Board of Directors

Signature, Executive Director

Typed Name and Title

Typed Name and Title

Date

Date

**THREE RIVERS AREA COMMUNITY FOUNDATION
GRANT APPLICATION FORMAT**

APPLICATIONS ARE DUE JULY 15, 2017. 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

- a) 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

- a) Statement of needs/problems to be addressed.
- b) Description of project goals and objectives
- c) Timetable for implementation.
- d) List of other partners in the project and their roles.
- e) List of similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.

3. Evaluation

- a) Plans for evaluation including how success will be defined and measured.

4. Budget Narrative/Justification

- a) Grant budget; use the **Grant Budget Format** that follows, if appropriate.
- b) A plan (on a separate sheet) that shows how each budget item relates to the project and how the budgeted amount was calculated.
- c) List of amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
- d) List of priority items in the proposed in the proposed budget, in the event that we are unable to meet your full request.
- e) Plan for sustaining financial support

5. Organization Information

- a) Brief summary of organization's history.
- b) Brief statement of organization's mission and goals.
- c) Description of current programs, activities and accomplishments.
- d) 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. List of Board of Directors with affiliations.
3. Finances:
 - Organization's current annual operating budget, including expenses and revenue.
 - Most recent annual financial statement (independently audited, if available; otherwise, attach Form 990).
4. Letters of support should verify project need and collaboration with other organizations. (Optional)
5. Annual report, if available.

**THREE RIVERS AREA COMMUNITY FOUNDATION
GRANT BUDGET FORMAT**

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

A. Organizational fiscal year: _____

B. Time period this budget covers: _____

C. For a CAPITAL request, substitute your format for listing expenses. These will likely include: architectural fees, land/building purchase, construction costs, and campaign expenses.

D. **Expenses:** include a *description and the total amount* for each of the following budget categories, in this order:

	<i>Amount requested from this organization</i>	<i>Total project expenses</i>
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants and Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<i>Total amount requested</i>	\$ _____	<i>Total project expenses</i> \$ _____

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>Committed</u>	<u>Pending</u>
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
<i>Total Revenue</i>	\$ _____	\$ _____