



**2019 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 1, 2019.*** 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>	<b>\$ _____</b>	<b>Total project expenses \$ _____</b>

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)	\$ _____	\$ _____
<b>Total Revenue</b>	<b>\$ _____</b>	<b>\$ _____</b>