**Grant Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MATERIALS** | | | | | | | | | | | | | | | | | | | | | | |
| Please attach the following, in this order: | | | | | | | | | | | | | | | | | | | | | | |
| * Most recent audited financial statement, or if no audited statement exists, prior year’s financial statement. | | | | | | | | | | | | | | | | | | | | | | |
| * Most recent W-9. | | | | | | | | | | | | | | | | | | | | | | |
| * Most recent IRS Form 990. | | | | | | | | | | | | | | | | | | | | | | |
| * Current year’s budget for organization, and separate budget for project, if one exists. | | | | | | | | | | | | | | | | | | | | | | |
| * Copy of Organization’s most recent letter of determination for regarding its 501(c)(3) status from the IRS. | | | | | | | | | | | | | | | | | | | | | | |
| * Letters of Reference or Participation from organizations with whom your organization has collaborated. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **CONTACT NAME (First, Last)** | | | | | | | | | | | | |  | **TITLE** | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **ADDRESS Line 1** | | | | | | | | | | | | | | **Line 2** | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **CITY** | | | | | | | | | | | | | |  | **STATE** | | | | | |  | **ZIP** |
|  | | | | | | | | | | | | | |  |  | | | | | |  |  |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **TELEPHONE NUMBER (include area code)** | | | | | | | | |  | **EMAIL ADDRESS** | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **ORGANIZATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **DATE (MM/DD/YYYY)** | | | |  | **ORGANIZATION NAME** | | | | | | | | | | | |  | | **EMPLOYER NUMBER (EIN)** | | | |
|  | | | |  |  | | | | | | | | | | | |  | |  | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **ADDRESS Line 1** | | | | | | | | | | | | | | **Line 2** | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **CITY** | | | | | | | | | | | | | |  | | **STATE** | | | | |  | **ZIP** |
|  | | | | | | | | | | | | | |  | |  | | | | |  |  |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **TELEPHONE NUMBER (include area code)** | | | | | | | | |  | **EMAIL ADDRESS** | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **QUESTIONS** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| Is this your first time applying for a grant with us? | | | Yes | | | No |  | **AMOUNT REQUESTED\*** | | | | | | | | | |  | | **DATE FOUNDED (MM/DD/YYYY)** | | |
|  | $ | | | | | | | | | |  | |  | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **INSTRUCTIONS** | | | | | | | | | | | | | | | | | | | | | | |
| \*For grant requests of $5,000 or less per year. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| ***BRIEF* HISTORY OF ORGANIZATION** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **ORGANIZATIONAL STAFF** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **NUMBER OF PAID STAFF** |  | **TOTAL STAFF COMPENSATION, INCLUDING BENEFITS** | | | | | | | | |  | **NUMBER OF VOLUNTEERS** | | | | |  | | | | | |
|  |  | $ | | | | | | | | |  |  | | | | |  | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **PURPOSE OF GRANT** | | | | | | | | | | | | | | | | | | | | | | |
| Summarize how your organization will use the grant. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |