



**Grant Application**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of request: \_\_\_\_\_

Project seeking support for: \_\_\_\_\_

Amount of request: \_\_\_\_\_

Total budget for project: \_\_\_\_\_

EIN number: \_\_\_\_\_

Are you a 501-C-3 Yes \_\_\_ No \_\_\_

**Submit the following:**

- Copy of agency IRS Tax Exempt Certificate**
- Board roster**
- Copy of By-laws (if we do not have one on file)**
- Line item budget for the project, including expenses and revenues**
- Program Brochure &/or other educational materials**
- Email copy of Grant Request**

Office Information

Date of Grant Committee review \_\_\_\_\_ Grant Committee recommendation \$ \_\_\_\_\_

Date of Board Action \_\_\_\_\_ Board approved \$ \_\_\_\_\_

Notification letter to Agency \_\_\_\_\_ Data entered in QB \_\_\_\_\_

1st Progress Report received \_\_\_\_\_ 1st Check Sent \_\_\_\_\_

Final Report received \_\_\_\_\_ 2nd Check Sent \_\_\_\_\_

Recommendations to agency: \_\_\_\_\_

**Project Description:**

A. Describe the project for which funds are being requested:

B. Specifically who and how many people will benefit from this project?

C. Why does this target population need this project at this time?

D. What is innovative, creative and /or non-traditional about this project?

E. How does the potential impact of the project justify the cost?

F. Has this idea or project been funded before? By whom? Why was funding discontinued?

G. Are there other organizations in the county that serve this need? If so, in what ways is this project different?

H. Will the success of this project depend upon the cooperation of, or coordination with other agencies/organizations? If so, please explain.

I. Will the requested funds support all of the project expenses? If not, what other sources of funds will be used and in what amounts?

J. If this project is to be continued beyond the initial funding period, how will you anticipate it will be funded?

K. If your request is not fully funded by United Way of Douglas & Pope Counties, what will be the impact on your program or agency?

L. List measurable objectives and activities with the corresponding dates that objectives will be accomplished and activities take place.

M. Specifically, how will the success of the project be determined at the conclusion of the funding period?

**Agency/Organization brief description:**

A. Briefly describe the purpose and programs of the agency:

B. Describe your agency's governing body and staff:

C. What was the approximate size of your agency's total budget for the last fiscal year?

\$ \_\_\_\_\_ Year: \_\_\_\_\_

D. What are your two largest sources of revenue (source amount and percent of budget)?