

**Grant Application**

**Organizational Profile**

Date of Application: \_\_\_\_\_

Organization name: \_\_\_\_\_ Year founded: \_\_\_\_\_

Street address/city/state/zip: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Describe the mission of your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of full-time employees: Current year \_\_\_\_\_ Previous Year \_\_\_\_\_

Number of people served: Current Year \_\_\_\_\_ Previous Year \_\_\_\_\_

Contact person/title: \_\_\_\_\_

Signature of responsible officer of your organization: \_\_\_\_\_

Current list of board of trustees, their affiliations and board service dates:  
(additional page acceptable, if needed)

**Name**

**Occupation**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please limit your answers to the space provided:

1. What is the purpose of this grant request and what needs would be met?

2. Why is your organization the appropriate group to meet such needs? What is your relationship to other organizations that meet the same need or provide similar services? How do you differ from these agencies?

3. What are the expected benefits and how would they be measured?

4. What are your plans for long-term funding of this project?

**Financial Information**

§ Specific amount requested: \_\_\_\_\_

§ Request is \_\_\_\_\_% of your annual organization budget

§ List other sources of funding applicable to the proposal. List each source and amount requested. Indicate if the status of the funding is pending, committed or received and for what year:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Status: \_\_\_\_\_ Year: \_\_\_\_\_

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Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Status: \_\_\_\_\_ Year: \_\_\_\_\_

§ Percentage of Board Member financial participation \_\_\_\_\_% Amount: \_\_\_\_\_

§ List the organization's top three salaries, including benefits.

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Benefits: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Benefits: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Benefits: \_\_\_\_\_

§ Does your organization have an endowment? \_\_\_\_\_  
What is its worth? \_\_\_\_\_

§ List amount of outstanding debt as of application date: \_\_\_\_\_

§ Attach organizational budget

§ Attach project budget, if applicable