## **2022 Grant Application**

## **Organizational Profile** Date of application: Organization name: \_\_\_\_\_ Year founded: \_\_\_\_\_ Employer Identification Number: \_\_\_\_\_ Street address/city/state/zip: \_\_\_\_\_ Executive Director: Phone: email: (Or equivalent, please state title) Development Director: \_\_\_\_\_ Phone: email: (Or equivalent, please state title) Please indicate the primary contact for this grant application: Website: Describe the mission of your organization:

Please note: If you are a national organization, all information on this form, including the financial information on page 4, should be for the Indiana chapter/program

Number of full-time employees: 2021 \_\_\_\_\_ 2020 \_\_\_\_

Number of people served: 2021 \_\_\_\_\_ 2020 \_\_\_\_

Signature and Title of responsible Officer of your organization:

PLEASE LIMIT YOUR RESPONSE TO QUESTIONS BELOW TO A MAXIMUM OF 5 PAGES (MINIMUM FONT 12)

1.	What is the <u>purpose</u> of this grant proposal and what <u>dollar amount</u> is requested?
2.	What is the current <u>impact</u> of your program, what <u>needs</u> would be met with this request and how would your impact <u>increase</u> ?
3.	List timeframe of your proposal:
4	What are the expected <u>outcomes</u> and how will they be measured?
	and the expected <u>externed</u> and non-mining be modeled.

5.	What are your plans for <u>long-term funding</u> of this project? Include your plan for financial sustainability.
	What impact has COVID-19 had on your organization, programs, overall health and sustainability; d what changes have been made as a result?

## **Financial Information**

•	Specific amount requested:							
•	Annual budget:							
•	Request is% of your annual organization budget							
	List other sources of funding applicable to the proposal. List each source and amoun requested. Indicate if the status of the funding is pending, committed or received and for what year:							
	Source:	Amount:	Status:	Year:				
	Source:	Amount:	Status:	Year:				
	Source:	Amount:	Status:	Year:				
	Percentage of Board Members who contribute financially to your organization% Total Board Contributions: \$  Number of full Board meetings last year:  Average % of Board members in attendance at those meetings%							
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 and nature of all outstanding debt as of application date:								
	Attach current organizational budget							
	> Attach actual budget from last year							
	Attach project budget, if applicable							

> Attach current list of board of trustees and their occupation