



Progress bar with 6 steps: 1 Before You Begin, 2 Organization Information, 3 Contact Information, 4 Request/Project Information, 5 Attachments, 6 Review My Full Application (highlighted).

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Before You Begin

Printer Friendly Version | E-mail Draft

* Required before final submission

Online Application Instructions

1. Navigate through the application by using the Page Title tabs at the top of the screen or the Next button at the bottom of the page. Do not use the browser's back or forward keys.
2. You may save your work and return to it at any time by clicking the Save and Finish Later button at the bottom of the screen. You will receive an e-mail notification with information about how to return to the saved draft.
3. An asterisk indicates a required field. The blue i button offers additional information. The red check symbol to the right of a text box means that a spell-check feature is available.
4. Word count limits are shown at the bottom of some fields. Do not feel that you need to use all the space available.
5. You have an opportunity to review your completed Inquiry or Full Application on the final page. Select the Submit button to send it to the Foundation. You will receive an e-mail notification with a copy of the application.

Organization Information

* Required before final submission

General Information

Tax ID ⓘ
Required for all 501(c)(3) organizations

* Organization Name

Legal Name (if different)

* Address

* City

* State

* Zip Code

* Phone Number
Format: 999-999-9999

Fax Number
Format: 999-999-9999

Web Address

Fiscal Agent Information (if applicable)

Organization Name

Fiscal Agent Contact Information
Please list the first and last name of the contact person for the fiscal agent organization.

Fiscal Agent Phone

Tax ID

Organization Background Information

* Organization's Annual Operating Budget * Year Established

Format: \$100,000

* Number of Full-Time Employees

* Number of Part-Time Employees

* Number of Board Members

* Number of Volunteers

* Mission statement approved by the board



Word count 0 of 125

* Brief background/history of organization



Word count 0 of 250

* Brief description of organization's primary current programs



Word count 0 of 250

* **Geographic area served by the organization**



Word count 0 of 125

* **Population(s) served by the organization**



Word count 0 of 125

* **Funding history, including both public and private funds**

Indicate proportions of funding from specific sources and mention any significant changes in this area.



Word count 0 of 250

Additional information, if any, you would like us to know about the organization

[Empty text area]



Word count 0 of 250

Contact Information

* Required before final submission

Executive Director or Head of Organization

* Prefix

<Select One>

* First Name

[Text input]

* Last Name

[Text input]

* Title

[Text input]

* E-mail

[Text input]

* Office Phone

Format: 999-999-9999

[Text input]

Extension

[Text input]

Request Primary Contact

The Foundation will contact this person with any questions or correspondence related to this proposal.

Same as Executive Director or Head of Organization entered above

* Prefix

<Select One>

* First Name

[Text input]

* Last Name

[Text input]

* Title

[Text input]

* E-mail

[Text input]

* Office Phone

Format: 999-999-9999

[Text input]

Extension

[Text input]

Request/Project Information

* Required before final submission

Project Information

* Title of Request/Project

Indicate project title or operating support or capital request

[Text input]

* Amount Requested

Format: \$10,000

[Text input]

* Total Project Budget

Enter organization budget if requesting operating support. Format: \$100,000

[Text input]

* Brief description of the project and proposed use of funds

[Text area]



Word count 0 of 100

* Number of people served by project

[Text input]

* Describe the targeted population served by the project

[Text area]



Word count 0 of 100

* Geographic area of people served by the project



Word count 0 of 100

* **Project Time frame**

Indicate the project beginning and end dates or that the project is ongoing.



Word count 0 of 100

Project Details

Please address the following details about your proposal. For operating support grants, indicate the overall goals and objectives for the organization during the grant year.

* **NEED:**

Discuss the need or issue that the project addresses



Word count 0 of 250

* **OUTCOMES:**

Describe the overall goal and specific desired outcomes of the project. We will ask that you report on progress toward these objectives in your final report.



Word count 0 of 250

* **IMPLEMENTATION:**

Outline the activities, strategies, timetable for achieving the desired results



Word count 0 of 250

* **MEASUREMENT:**

Describe the plans for assessing progress and criteria used for measuring effectiveness



Word count 0 of 250

* **CAPACITY:**

Describe your organization's ability to carry out the work, including specific strengths or concerns



Word count 0 of 250

* **PARTNERS:** Indicate other public and private organizations that are involved and the nature of their involvement

*** SUSTAINABILITY:**

Once the grant period has ended, will the project continue? If so, what are the plans to sustain the project and share lessons learned?



Word count 0 of 250

*** Grants from other foundations**

List grants pending and received for the project or for operating support. Include name of foundation, amount, and purpose.

Optional Project Attachment

A file with charts, photos, or maps can be uploaded here, if it is helpful to understanding the project.

No file chosen

Acknowledgment

Please type your name below once you have determined the following to be true:

- * • The board of directors has authorized filing of this request
- The information is true and correct to the best of your knowledge
- You are an authorized representative of the organization

Attachments

* Required before final submission

Attachments

*** List of board of directors**

Please include employment and/or community affiliations

No file chosen

*** Most recent financial statement**

Most recent audit or Balance Sheet

No file chosen

*** Current organization operating budget**

Please include current fiscal year revenue and expenses, previous fiscal year budgeted, and previous fiscal year actual.

No file chosen

Detailed project budget

Required for non-operating support requests. The budget should include projected expenses and sources of committed and anticipated revenue. Note specific sources and amounts of any pending funding requests. A budget narrative may be included as needed.

No file chosen

501(c)(3) IRS determination letter

Required for all 501(c)(3) organizations

No file chosen

501(c)(3) IRS determination letter of fiscal agent

Required if using a fiscal agent

No file chosen

Letters of agreement and/or support

If applicable include a letter of support from the collaborating organization. Requests to work with schools should include a letter from the school.

No file chosen

Additional Information

If any of the attachments require explanation, please provide the details below.