



Progress bar with five steps: 1 Before You Begin, 2 Organization Information, 3 Contact Information, 4 Request/Project Information, 5 Review My Initial Inquiry. Step 5 is 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

Please add the phone number of the contact person for the fiscal agent organization.

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

Contact Information

* Required before final submission

Executive Director or Head of Organization

* Prefix

* First Name

* Last Name

* Title

* E-mail

* Office Phone

Format: 999-999-9999

Extension

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 * First Name * Last Name

* Title * E-mail

* Office Phone Extension
Format: 999-999-9999

Request/Project Information

* Required before final submission

Project Information

* Title of Request/Project * Amount Requested
Indicate project title or operating support or capital request Format: \$10,000

* Total Project Budget
Enter organization budget if requesting operating support. Format: \$100,000

* Brief description of the project and proposed use of funds ✓
Word count 0 of 250

* Number of people served by project

* Describe the targeted population served by the project ✓
Word count 0 of 125

* Geographic area of people served by the project ✓
Word count 0 of 125