Grant Application Information Sheet

Print

Revised 11/16/11

Multiple organization collaborations will be given special consideration and are highly encouraged.

Is your organization an active 501(c)3 non-profit? ☐ YES ☐ NO

EIN# United Way Agency? ☐ YES ☐ NO

Organization:

Mailing Address:

(street address)

Phone: Email:

Contact Name: Title:

Web site:

Select funder for this application:

☐ Community Foundation of the Central Blue Ridge (CFCBR)
DUE - 1/17/2012

☐ Community Action Partnership of Staunton, Augusta and Waynesboro (CAPSAW)
DUE - 1/31/2012

☐ United Way, Greater Augusta (UWGA)
DUE - 2/10/2012

☐ Augusta Health Foundation (AHF)
DUE - 4/3/2012

Collaborative Partners:

FOR UWGA: Project Category

Education ☐ Income ☐ Health ☐

FOR CAPSAW:

Estimated number of people served by this program

Estimated number of income eligible beneficiaries *
***Must have income at or below 125% of Federal Poverty Line**

☐ Job Training/Employment ☐ Family Support
☐ Mental Health Support ☐ Emergency Services
☐ Affordable Childcare/ Preschool

Project/Program title and brief description:

ORGANIZATION's Total Budget	
PROJECT/PROGRAM's Total Budget	
Total funding requested for this application	

For Augusta Health:

Project must have a direct correlation to improving health in the community.

Geographic areas served by this project or program:

☐ Staunton ☐ Nelson County ☐ Highland County
☐ Waynesboro ☐ Augusta County ☐ Other (specify)

FOR CFCBR: Project category: (select one)

☐ Arts & Culture ☐ Environment
☐ Human Services ☐ Health
☐ Education ☐ Historical Preservation
☐ Food & Shelter ☐ Animal Welfare
☐ Disaster Relief ☐ Other

By signing below, the applicant acknowledges and consents that the funder may share/verify information with other sources, including, but not limited to, other funding sources.

Exec. Dir. / CEO signature/date

Board Chair signature/date

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Submission Requirements for All Grant Applications:

- ☐ Cover sheet & this page
- ☐ List of Board of Directors, including affiliations and first year of service
- ☐ Most current Profit/Loss Statement (Revenue & Expenses), compared to Budget
- ☐ Most current Agency Balance Sheet (Assets & Liabilities)
- ☐ Project/Program Budget Form and Budget Narrative Form (attached)
- ☐ Letters of Support or Commitment from any proposed partner agencies, if applicable
- ☐ List of Staff Members
- ☐ Application Narrative
- ☐ Latest IRS Form 990

Please have the following readily available:
-Most recent Audit (or Financial Statement signed by the Board if no Audit is available)

Additional Questions for All Applicants:

Within the last 5 years, has your agency ended two or more fiscal years with an operating deficit? ☐ YES ☐ No

If yes, please explain strategies to eliminate the deficit.

Is a deficit projected for the current year or next year? ☐ Yes ☐ No

Are you currently engaged in or plan to run a capital campaign within the next year? ☐ Yes ☐ No

If yes, please indicate the campaign's purpose, amount & target date ☐ Yes ☐ No

Please list any projected capital expenditures over $5,000 in the next 3 years. Include year, item, amount, & purpose.

Does your agency have an endowment? ☐ Yes ☐ No

If yes, what is its value and long term purpose?

Do you have Liability Insurance? ☐ YES ☐ NO Liability Limit?

Is your agency in compliance with current IRS obligations? ☐ YES ☐ NO

Who generates your financial reports?

If generated in-house, is this individual bonded or do you maintain employee theft insurance? ☐ Yes ☐ No

How often does a quorum of your Board of Directors meet?

What are the term limits for Board members?

Does the applicant organization have a plan to ensure continuity of services during an emergency? ☐ Yes ☐ No

If yes, briefly explain your organizations plan. If no, please explain why not.

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PROJECT BUDGET

PROJECT INCOME	Anticipated	Committed	Total
Government grants			
Augusta Health			
CAPSAW			
Community Foundation			
United Way			
Other grants			
Membership Income / Program Income			
Events			
Board / Individual Contributions			
Corporate contributions			
Other / In Kind (detail in narrative)			
TOTAL PROJECT INCOME			
PROJECT EXPENSES	**Funding requested**	**Other funding**	**Total**
Personnel expenses			
Contract & Professional fees			
Office expenses**			
Printing & publications			
Marketing expenses			
Travel & related expenses			
Project supplies & materials			
Project rental expenses			
Staff training & development			
Events			
Disbursement/Reimbursement to clients			
Disbursement/Reimbursement for clients			
Other (detail in narrative)			
TOTAL PROJECT EXPENSES			

*__**Office expenses**__ may include office rent, telephone, postage, utilities, normal office supplies

If the fiscal agent is different than the lead/applicant organizations, please provide contact information. This designation should appear in the narrative and be referenced in the Project/ Program Description of Activities and Needs section of your narrative.