



I. COVER SHEET (Please use this format to create a one-page cover sheet.)

Organization Name: _____

Tax exempt status: _____

Year organization was founded: _____ Date of application: _____

Address: _____

Telephone number: _____ Fax number: _____

Director: _____

Contact person and title (if not director): _____

Grant request: _____ Period grant will cover: _____

Type of request (general support, start-up, technical assistance, etc.): _____

Project title (if project funding is requested): _____

Total project budget (if request is for other than general support): _____

Total organizational budget (current year): _____ Starting date of fiscal year: _____

Summarize the organization's mission (two to three sentences):

Summary of project or grant request (two to three sentences):

II.NARRATIVE (maximum of five pages.)

A. Introduction and Background of Organization (Incorporating the following points:)

1. Briefly describe your organization's history and major accomplishments.
2. Describe your current programs and activities.
3. Who is your constituency (be specific about demographics such as race, class, gender, ethnicity, age, sexual orientation and people with disabilities)? How are they actively involved in your work and how do they benefit from this program and/or your organization?
4. If you are a grassroots group, describe your community. If you are a state, regional or national organization, describe your work with local groups, if applicable and how other regional and/or national organizations are involved.

B. Describe Your Request (Incorporating the following points:)

1. Problem statement: what problems, needs or issues does it address?
2. If other than general operating support, describe the program for which you seek funding, why you decided to pursue this project and whether it is a new or ongoing part of your organization.
3. What are the goals, objectives and activities/strategies involved in this request? Describe your specific activities/strategies using a timeline over the course of this request.
4. How does your work promote diversity and address inequality, oppression and discrimination within your organization as well as the larger society?
5. Describe systemic or social change you are trying to achieve: How does your work address and change the underlying or root causes of the problem?

III. ATTACHMENTS/REQUIREMENTS *(Supply everything checked below by funder who prepared this copy.)*

A. Evaluation

_ 1. Briefly describe your plan for evaluating the success of the project or for your organization's work. What questions will be addressed? Who will be involved in evaluating this work—staff, board, constituents, community, consultants? How will the evaluation results be used?

B. Organizational Structure/Administration

- _ 1. Briefly describe how your organization works: What are the responsibilities of board, staff and volunteers? And if membership organization, define criteria for membership. Are there dues?
- _ 2. Who will be involved in carrying out the plans outlined in this request? Include a brief paragraph summarizing the qualifications of key individuals involved.
- _ 3. Provide a list of your board of directors with related demographic information.
- _ 4. How is the board selected, who selects them and how often?
- _ 5. Include an organizational chart showing decision-making structure.

C. Finances

- _ 1. Most recent, completed full year organizational financial statement (expenses, revenue and balance sheet), audited, if available.
- _ 2. Organization's current annual operating budget (See attached budget format).
- _ 3. Current project budget, other than general support (See attached format).
- _ 4. Projected operating budget for upcoming year (See attached format).
- _ 5. List individually other funding sources for this request. Include amounts and whether received, committed or projected/pending.
- _ 6. Describe your plans for future fund raising.
- _ 7. A copy of your IRS 501(c)(3) letter. If you do not have 501(c)(3) status, check with the funder to see if they are willing to fund through your fiscal sponsor or are willing to exercise expenditure responsibility. Additional information may be required to do so.
- _ 8. Other

D. Other Supporting Material

- 1. Letters of support/commitment (up to three).
- 2. Recent newsletter articles, newspaper clippings, evaluations or reviews (up to three).
- 3. Recent annual report.
- 4. Videos/cassettes are accepted ONLY if this box is checked.
- 5. Other

Guidelines for applicants (completed by funder)

- Send ___ number of complete copies: cover sheet, five page proposal and attachments that are checked off.
- Use a standard typeface no smaller than 10 points and no less than .25 in margins .
- Proposals by fax are are not accepted.
- Binders or folders are are not accepted.
- Your proposal must be double sided single sided no preference
- Please use the following paper white/very light colored, recycled
- 8½ x11 inches only, no preference.
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Sí, aceptamos las solicitudes de fondos en español . Yes, we accept funding proposals in Spanish.

No aceptamos las solicitudes en español. No, we do not accept funding proposals in Spanish.

Funder who prepared this copy of the Common Grant Application:

IV. BUDGET

If you already prepare organizational and project budgets that approximate this format, please feel free to submit them in their original forms. You may reproduce this form on your computer and/or submit separate pages for income and expenses.

Budget for the period: _____ **to** _____

<u>EXPENSES</u>			<u>INCOME</u>	
<u>Item</u>	<u>Amount</u>	<u>FT/PT</u>	<u>Source</u>	<u>Amount</u>
Salaries & wages <i>(breakdown by individual position and indicate full- or part-time)</i>	\$ _____	_____	Gov't grants & contracts <i>(specify)</i>	\$ _____
	_____	_____	Foundations <i>(specify)</i>	\$ _____
	_____	_____	Corporations	\$ _____
	_____	_____	Religious Institutions	\$ _____
	_____	_____	United Way, Combined	\$ _____
			Federal Campaign & other federated campaigns	
			Individual contributions	\$ _____
Fringe benefits & payroll taxes	\$ _____		Fundraising events & products	
Consultants & professional fees	\$ _____		Membership income	\$ _____
Travel	\$ _____		In-kind support	\$ _____
Equipment	\$ _____		Other <i>(earned income, consulting fees, etc. Please specify)</i>	\$ _____
Supplies	\$ _____		_____	\$ _____
Training	\$ _____		_____	\$ _____
Printing & copying	\$ _____		_____	\$ _____
Telephone & fax	\$ _____			
Postage & delivery	\$ _____			
Rent & utilities	\$ _____			
In-kind expense	\$ _____			
Other <i>(specify)</i>	\$ _____			
TOTAL EXPENSE	\$ _____		TOTAL INCOME	\$ _____
			BALANCE	\$ _____