

## CHECKLIST

Please complete this checklist and submit it with your application.

One grant application package emailed to address listed under Application Guidelines  Only send information/documentation requested
Cover Sheet  All sections must be completed  Remember to have the authorized agent sign and date
Project Narrative (No more than 5 double-spaced, numbered pages)  Background and Need  Objectives and Impact Evaluation Community Partnerships and Support Future Funding Plans Staff Qualifications Matching Funds
If you are a nonprofit, you must include:  A copy of the organization's IRS Letter of Determination showing 501(c)(3) status or most recently filed IRS Form 990  A copy of the most recent audited financial statement  List of Board Members  Schools do not need to submit proof of nonprofit status
Budget  Specific details on proposed expenditures (no more than one page)  Submit a project budget (no more than one page)



## COMMUNITY GRANTS PROGRAM APPLICATION COVER SHEET

Date of Application		Apply (checl	ing as c one)	[ ] School	[ ] Nonprofit
Organization Name					
Address					
City, State Zip Code					
Telephone			Fax		
Contact Person					
Title					
Contact Email					
Grant Request	\$				
Check One	[ ]	One-Tin	ne [	] Multi-Year (	(3 year maximum)
Grant Period				to	
Summary					
	e, complete, and curr	ent. The or	ganization r	epresented in this	ties Policy and that all information application meets all the eligibility tion.
(Authorized Applicant Sig	gnature)	_	(Pri	nt Name)	
(Title)		_			