



Eligibility Assessment

Are you a Government Entity or Public Charity with tax-exempt status under Section 501(c)(3) of the Internal Revenue Service Code?

-Select One-

Submit



Eligibility Assessment

Which of the Foundation's Areas of Focus does your project/program align with?

Arts & Culture

- Employing arts to incorporate academic achievement
- Exposing underserved youth to various artistic events and styles
- Grassroots arts programs
- Arts in education

Education

- Programs that improve literacy
- Teach and educational leadership development
- Programs that attract female and minority students to math, science and technology
- Programs that encourage students to finish high school
- Programs that encourage students who show aptitudes for skills to pursue careers in the trades

Environment

- Community gardens
- Aquatic gardens
- Urban forestry programs
- Environmental education
- Recycling/reuse programs
- River/watershed environmental programs

Health & Human Services

- Programs that promote health and well-being
- Programs that promote access to health services
- Direct service programs
- Programs that improve networks services (from parent organizations)
- Programs that combat childhood obesity

Communities

- Playgrounds & Parks
- Community improvement programs
- Youth development programs

-Select One- ▾

Submit

Organization & Contact

[Printer Friendly Version](#) | [E-mail Draft](#)

* Required before final submission

Helpful Tips

- In response to COVID-19, please only fill out the fields that are indicated as "required."
- Limit your use of bullets and other formatting.
- Copy and paste as needed.
- Log into your account at https://www.GrantRequest.com/SID_58417SA=AM to access saved & submitted applications (bookmark this page).
- Add mail@grantapplication.com to your safe senders list to ensure you receive all system communications.

Organization Information

* **Organization Name**

* **Tax ID** * **Tax Status**

* **Mailing Street Address**

* **City** * **County** * **State** * **Zip Code**

If the billing address is different than above, please enter it here:
 Include Street Address, City, State, Zip Code

Organization Contact Information

* **Prefix** * **First Name** * **Last Name**

* **Title**

* **Primary Phone** * **E-mail**

* **Organization History**

* **Organization Mission**

Request Contact Information

Who can we contact with questions about this grant application?

Same as Organization Contact

If selected, fields in this section will auto-fill

* **Prefix** * **First Name** * **Last Name**

* **Title**

* **Primary Phone** * **E-mail**

Leadership Questions

What is the educational attainment of your organization's leader?

(Educational Institution = School Principal or University President, Nonprofit = Director of Organization, Governmental Entity = Mayor)

How many years of experience does the organization's leader have in your field?

Enter a numerical value (1-10+). Enter 0 if N/A.

How many people are employed by your organization?

Enter a numerical value.

What is the average number of years of experience of employees?

Enter a numerical value.

How many volunteers does your organization have annually?

Enter a numerical value.

What percentage of first-time volunteers return to volunteer a second time?

Enter a numerical value. %

From how many different groups does your organization receive funding?

Enter a numerical value.

Does your organization have a strategic plan in place for the next year?

If yes, please check the box below.

Please select the social media sites your organization posts on regularly:

Facebook **Facebook Page URL**

Instagram **Instagram Handle**

LinkedIn **LinkedIn Page URL**

Twitter **Twitter Handle**

Snapchat **Snapchat Handle**

Which social media site does your organization post on most often?

Please list major key accomplishments of your organization.

*Examples might include completed projects or any sort of accomplishments of which your organization is proud (i.e. "We have previously planted x number of trees that x number of people enjoy daily." Or "We have raised x dollars to date.")

Please answer the following questions if your tax status is "Educational Institution":

If an Educational Institution, how many teachers/professors are employed by your organization?

If an Educational Institution, what percent of teachers/professors have earned past a bachelor's degree?

If an Educational Institution, how many vice principals/vice presidents does your educational institution employ?

If an Educational Institution and a high school or college/university, what is your school's four-year graduation rate?

Enter a numerical % value. Enter 0 if none.

If an Educational Institution and a K-12 institution, what is your school's average daily attendance rate?

Enter a numerical % value. Enter 0 if none.

If an Educational Institution, how many times per year do you have staff meetings/training?

Enter a numerical value. Enter 0 if none.

Please answer the following questions if your tax status is "Nonprofit Organization":

If a Nonprofit, how many years ago did you receive your tax-exempt status?

Enter a numerical value.

If a Nonprofit, how many people are on your organization's board of directors?

Enter a numerical value.

If a Nonprofit, how many times per year does your board meet?

Enter a numerical value.

If a Nonprofit, does your board have subcommittees?

If Yes, select the checkbox.

Please answer the following questions if your tax status is "Governmental Entity":

If a Government Entity, what is your city/town's current population?

Enter a numerical value.

If a Government Entity, is your town population growing, stagnant, or declining?

If a Government Entity, how many departments are a part of your city government?

If a Government Entity, how often does change happen?



Project/Program Details

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* Required before final submission

Project / Program Financial Information

* **Is this request in response to COVID-19?**

* **Have you, or are you in the process of pursuing federal aid for COVID-related support?**

If YES, please answer the following:

Type of assistance:

Date of application:

Amount of funding requested:

Was your request approved (if known)?

* **If awarded, what will the funds specifically be utilized for?**

* **Project Summary**

* **Amount Requested**

* **Total Project Cost**

* **Number of other project contributors**

Enter a numerical value (1-10+). Enter 0 if none.

* **Other Contributors**

List all support by local community leaders and volunteers. This should include any cash contributions and in-kind services associated with this project. Enter N/A if none.

* **How will this project be financially sustained?**

Example: Will your project require supplies or maintenance in the future? What is your plan for long-term financial support for future needs?

* **Projected Start Date**

* **Projected Completion Date**

* **Population Served**

Select the population your organization best serves.

Additional Project Details

* **Describe Project's Progress Evaluation**

If approved, we will ask for mid-term and end-of-term project report from your organization. Please describe how the project's progress would best be measured and evaluated.

* **Why do you believe we should fund this project?**

Save & Finish Later

Next



Attachments

Printer Friendly Version | E-mail Draft

* Required before final submission

Attachments

Upload Instructions

1. Click Browse
2. Select File
3. Click Upload

Note: Attachments can be in a number of different file formats. MSWord (.doc, .docx), MSEXcel (.xls, .xlsx), and Adobe Acrobat (.pdf) are the preferred formats for attachments.

*** Grant Request**

Actual grant request with a cover sheet outlining goals, objectives and specific needs addressed if you were to receive the grant. Include an implementation plan and timeline with an outline for any activities planned in the near future and achievements thus far. Please keep this to no more than four (4) pages.

No file chosen

*** Project Budget**

Project budget with an evaluation plan with specific criteria for judging the effectiveness

No file chosen

Financial Statement

A copy of the program's most recent audited financial statement or three (3) consecutive years of the Form 990

No file chosen

Operating Budget

A copy of the program's current operating budget

No file chosen

IRS Letter

A copy of the program's Section 501(c)(3) IRS determination letter

No file chosen

*** Board and/or Trustees**

Complete listing of your board of directors and/or trustees.

No file chosen

Other Supporting Documentation (optional)

Additional documentation that is relevant to your project.

No file chosen