

Greater Wyoming Community Resource Alliance GRANT APPLICATION COVER SHEET

Date of Application _____

Organization Information

Legal Name of Organization _____

\$ _____

Year Founded _____

Current Operating Budget _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Web site _____

Executive Director _____

Phone _____

E-mail _____

Contact Person
(if different from Executive Director) _____

Phone _____

E-mail _____

Proposal Information

Project Name _____

Purpose of Grant (2-3 sentences)

Project Dates: _____ Geographic Area Served _____

Budget

Dollar Amount Requested: \$ _____

Total Project Budget: \$ _____

Authorization

Signature, Chairperson, Board of Directors

Date

Printed Name and Title

Signature, Executive Director

Date

Printed Name and Title

GW CRA GRANT APPLICATION FORMAT

Proposal Narrative

Please use the following outline as a guide to your proposal narrative. Also, include a cover letter with your application that introduces your organization and proposal and makes the link between your proposal and the mission of GW CRA.

A. NARRATIVE

1. Executive Summary

Begin with a half-page executive summary. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

2. Purpose of Grant

Statement of needs/problems to be addressed; description of target population and how they will benefit.

Description of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the sponsoring organization.

Timetable for implementation.

Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.

Long-term strategies for funding this project at end of grant period.

3. Evaluation

Please describe your criteria for success. What do you want to happen as a result of your activities. You may find it helpful to describe both immediate and long-term effects.

How will you measure these changes?

Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?

What will you do with your evaluation results?

4. Budget Narrative/Justification

Grant budget; use the **GW CRA Budget Format** that follows, if appropriate.

On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.

List amounts requested from other foundations, corporations and other funding sources to which this proposal has been submitted.

In the event that we are unable to meet your full request, please indicate priority items in the proposed grant budget.

5. Organization Information

Brief summary of organization's history.

Brief statement of organizations' mission and goals.

Description of current programs, activities and accomplishments.

Organizational chart, including board, staff and volunteer involvement.

B. ATTACHMENTS

1. **A copy of the current IRS determination letter** indicating 501c(3) tax-exempt status; or letter affirming the charitable purpose of your organization or group (e.g. non-incorporated Wyoming neighborhood association)

2. **List of Board of Directors with affiliations.**

3. Finances

Organizations' current annual operating budget, including expenses and revenue.

Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).

4. **Letters of support** should verify project need and collaboration with other organizations. (Optional)

5. **Annual report**, if available.

Proposal Checklist

Cover Letter

Cover Sheet

Proposal narrative

Organization Budget

Project Budget

Financial Statements

List of Board Members and their affiliations

IRS determination letter

Or

letter affirming the charitable purpose of your organization or group

GWCRA PROJECT BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

Organizational fiscal year _____ Time period this budget covers _____

REVENUE

<u>Source</u>	<u>Amount</u>
Government grants _____	\$ _____
Foundations _____	\$ _____
Corporations _____	\$ _____
Individual contributions _____	\$ _____
Fundraising events and products _____	\$ _____
Membership income _____	\$ _____
In-kind support _____	\$ _____
Investment income _____	\$ _____
Other (specify) _____	\$ _____
Total Revenue	\$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries _____	\$ _____
Insurance, benefits and other related taxes _____	\$ _____
Consultants and professional fees _____	\$ _____
Travel _____	\$ _____
Equipment _____	\$ _____
Supplies _____	\$ _____
Printing and copying _____	\$ _____
Telephone and fax _____	\$ _____
Postage and delivery _____	\$ _____
Rent and utilities _____	\$ _____
Maintenance _____	\$ _____
Marketing _____	\$ _____
Depreciation _____	\$ _____
Other (specify) _____	\$ _____
Total Expenses	\$ _____
Difference (Income less Expense)	\$ _____