

Bloomington Community Foundation Grant Application Form

Grant Application Cover Sheet

Date of application: _____ Application submitted to: _____

Organization Information

Name of organization _____ Legal name, if different _____

Address _____ City, State, Zip _____ Employer Identification Number (EIN) _____

Phone _____ Fax _____ Web site _____

Name of top paid staff _____ Title _____ Phone _____ E-mail _____

Name of contact person regarding this application _____ Title _____ Phone _____ E-mail _____

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No
 If no, is your organization a public agency/unit of government? _____ Yes _____ No

If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

 _____ Fiscal agent's EIN number _____

Proposal Information

Please give a 2-3 sentence summary of request:

Population served: _____ Geographic area served: _____

Funds are being requested for (check one) *Note: Please be sure funder provides the type of support you are requesting.*

_____ General operating support _____ Start-up costs _____ Capital
 _____ Project/program support _____ Technical assistance _____ Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: \$ _____
 Total annual organization budget: \$ _____
 Total project budget (for support other than general operating): \$ _____

Authorization

Name and title of top paid staff or board chair: _____
Signature _____

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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 the Bloomington Community Foundation.

I. ORGANIZATION INFORMATION

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.
- F. Additional organization information required by each individual funder.

II. PURPOSE OF GRANT

General operating proposals: Complete Section A below and move to Part III - Evaluation.

All other proposal types: Complete Section B below and move to Part III - Evaluation.

A. General Operating Proposals

1. The opportunity, challenges, issues or need currently facing your organization.
2. Overall goal(s) of the organization for the funding period.
3. Objectives or ways in which you will meet the goal(s).
4. Activities and who will carry out these activities.
5. Time frame in which this will take place.
6. Long-term funding strategies.
7. Additional information regarding general operating proposals required by each individual funder.

B. All Other Proposal Types

1. Situation
 - a. The opportunity, challenges, issues or need and the community that your proposal addresses.
 - b. How that focus was determined and who was involved in that decision-making process.
2. Activities
 - a. Overall goal(s) regarding the situation described above.
 - b. Objectives or ways in which you will meet the goal(s).
 - c. Specific activities for which you seek funding.
 - d. Who will carry out those activities.
 - e. Time frame in which this will take place.
 - f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
 - g. Long-term funding strategies (if applicable) for sustaining this effort.

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- A. 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.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

ATTACHMENTS

Generally the following attachments are required:

1. Finances (*for assistance with terms, check MCF's Web site at www.mcf.org.*)
 - Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. Some funders require your most recent Form 990 tax return.
 - Organization budget for current year, including income and expenses.
 - Project Budget, including income and expenses (if not a general operating proposal).
 - Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
2. List of board members and their affiliations.
3. Brief description of key staff, including qualifications relevant to the specific request.
4. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.
5. If applying to a corporate funder only: if an employee of this corporation is involved with your organization, list names and involvement.

Be sure to check each funder's guidelines, and use discretion when sending additional attachments.

PROPOSAL CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Cover letter. | <input type="checkbox"/> Brief description of key staff. |
| <input type="checkbox"/> Cover sheet. | <input type="checkbox"/> IRS determination letter. |
| <input type="checkbox"/> Proposal narrative. | <input type="checkbox"/> Confirmation letter of fiscal agent (if required). |
| <input type="checkbox"/> Organization budget. | <input type="checkbox"/> Additional information required by each individual funder. |
| <input type="checkbox"/> Project budget (if not general operating grant). | |
| <input type="checkbox"/> Financial statements, preferably audited, showing actual expenses including: <ul style="list-style-type: none"><input type="checkbox"/> Balance sheet.<input type="checkbox"/> Statement of activities (income and expenses).<input type="checkbox"/> Statement of functional expenses. | |
| <input type="checkbox"/> List of additional funders. | |
| <input type="checkbox"/> List of board members and their affiliations. | |

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ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
 <i>Revenue</i>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$ _____
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	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____
Difference (Income less Expense)	\$ _____

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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.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
 <i>Revenue</i>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
 Total Income	 \$

EXPENSES

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
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	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
Total Expense	\$	
Difference (Income less Expense)	\$	