**PAT & GILL CLEMENTS FOUNDATION GRANT APPLICATION**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal name of organization applying:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Should be same as on IRS determination letter and as supplied on IRS Form 990.)*

Year Founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Operating Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person/title/phone number (if different from executive director) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any previous support from this funder in the last 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Grant (one sentence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Cost: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geographic Area Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature, Chairperson, Board of Directors Date***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Typed Name and Title***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature, Executive Director Date***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Typed Name and Title***

**COMMON GRANT APPLICATION FORMAT**

*Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, thus leaving flexibility for length of response.*

**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.

· Who are the other partners in the project and what are their roles?

· 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.

· Describe the active involvement of constituents in defining problems to be addressed,

    making policy, and planning the program.

· Describe the qualifications of key staff and volunteers that will ensure the success of the program. Are there specific staff training needs for this project?

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

**3. Evaluation**

· Plans for evaluation including how success will be defined and measured.

· How evaluation results will be used and/or disseminated and, if appropriate, how the

    project will be replicated.

· Describe the active involvement of constituents in evaluating the program.

**4. Budget Narrative/Justification**

· Grant budget; use the **Grant 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 of 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 organization’s 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 501(c)(3) tax-exempt status.

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

**3. Finances**

· Organization’s 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.

**GRANT BUDGET FORMAT**

*Below is a listing of standard budget items. Please provide the project budget in this format and in this order.*

A. Organizational fiscal year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Time period this budget covers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. For a CAPITAL request, substitute your format for listing expenses. These will likely include: architectural fees, land/building purchase, construction costs, and campaign expenses.

D. **Expenses:** include a ***description and the total amount***for each of the following budget categories, in this order:

Salaries $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Payroll Taxes $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Fringe Benefits $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Consultants and

Professional Fees $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Insurance $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Travel $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Equipment $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Supplies $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Printing and Copying $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Telephone and Fax $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Postage and Delivery $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Rent $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Utilities $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Maintenance $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Evaluation $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Marketing $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Other (specify) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

**Total amount requested** **$\_\_\_\_\_\_\_\_\_\_ Total project expenses $\_\_\_\_\_\_\_\_\_\_**

E. **Revenue:**  include a **description and the total amount** for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

***Committed Pending***

1. Grants/Contracts/Contributions

Local Government $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

State Government $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Federal Government $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Foundations (itemize) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Corporations (itemize) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Individuals $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Other (specify) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

2. Earned Income

Events $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

Publications and Products $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

3. Membership Income $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

4. In-Kind Support $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

5. Other (specify) $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

6. **Total Revenue**  **$\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**