

# Grant Application Cover Sheet

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

Legal Name of Organization: \_\_\_\_\_

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

Year Founded: \_\_\_\_\_ Current Annual Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person/Title (if different from Executive Director): \_\_\_\_\_

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

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

Mailing Address, if different from above: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Project Goals: \_\_\_\_\_

\_\_\_\_\_

Beginning and Ending Dates of the Project/Campaign: \_\_\_\_\_

Geographic Area to be Served: \_\_\_\_\_

\_\_\_\_\_

**I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:**

1. This Organization does not support or engage in any terrorist activity, and
2. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged any other unlawful purpose.

*Signatures:*

\_\_\_\_\_  
President, Board of Directors Date

\_\_\_\_\_  
Executive Director Date

### SAMPLE PROJECT BUDGET FORMAT AND CATEGORIES

REVENUE	Committed Funds	Pending Funds
1. Grants/Contracts/Contributions		
Local Government		
State Government		
Foundations (itemize on separate lines)		
Corporations (itemize on separate lines)		
Individuals		
Other (specify)		
2. Earned Income		
Events		
Publications and Products		
3. Membership Income		
4. In-Kind Support		
5. Other (specify)		
TOTAL REVENUE		
EXPENSE	Amount Requested In This Proposal	Total Project Expenses
Personnel		
Salaries and Wages * (see Example below)		
Payroll Taxes		
Benefits		
Consultants and Professional Fees		
Travel/Professional Development		
Operations		
Rent		
Utilities		
Telecommunications		
Postage/Messenger		
Printing and copying		
Equipment		
Supplies		
Other		
TOTAL EXPENSE		
*(Example) <u>Full-Time Personnel</u> Executive Director ..... \$ _____ Staff Position #1 ..... \$ _____ Staff Position #2 ..... \$ _____ Staff Position #3 ..... \$ _____ <u>Part-Time Personnel</u> Staff Position #4 ..... \$ _____ Staff Position #5 ..... \$ _____ Staff Position #6 ..... \$ _____		
SURPLUS (DEFICIT)		
TOTAL REVENUE		
(TOTAL EXPENSE)		
TOTAL SURPLUS (DEFICIT)		