FREMONT AREA COMMUNITY FOUNDATION, INC.

**GRANT APPLICATION FORM — COVER PAGE**                                   Date: _____

Legal Name of Organization: _____

Address: _____

City: _____          State: _____          Zip: _____

Website (if available): _____

CEO Name and Title: _____

Grant Contact Name and Title (if different from CEO): _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Year Organization was Founded: _____          Current Year Operating Budget $_____

# of Volunteers: _____          # of Paid Staff: _____          Other: _____

Name of Project: _____

Start Date: _____          End Date: _____

Proposed number of people directly served by the project: Dodge County: _____ Other County: _____

This project falls into the following Fremont Area Community Foundation Interest Area:
❑ Education   ❑ Arts and Culture   ❑ Civic Improvement   ❑ Social Services   ❑ Health & Recreation

Requested Amount $_____          Total Project Cost $_____

One paragraph summary of this project's purpose and goals. If additional space is needed, please attach a separate page.

Are you experiencing or anticipating the impact of federal funding reductions? If so, please provide a brief summary of below.

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The Fremont Area Community Foundation publishes a quarterly nonprofit needs report for Donor-Advised Fund holders. If you would prefer that your project NOT be included in this report, please indicate your preference here. Otherwise, we will assume we have your permission.    ❏ No, thank you.

**Authorized Signature and Endorsement:**

The Board of Directors of our organization has approved the submission of this proposal.  If we receive a grant, we agree to use the funds as specified in this request. We will allow the Fremont Area Community Foundation to use the information provided in this request in its publications and news releases, and will mention the Foundation's support in any publications, news releases, or other publicity related to the project.

Acceptance of this grant also entitles the Fremont Area Community Foundation to send a representative to one of your board meetings to present the grant check, hear a little more about your organization, and share information about the Foundation.

| | |
|---|---|
| Signature and Title | Date |

# GRANT APPLICATION FORM
## REQUIRED DOCUMENTS CHECKLIST
*The following documents are <u>required</u> for all applications.*
*Incomplete applications will not be considered.*

1. Organization Description (one-page):
   a. Organization mission statement.
   b. Provide a description of the organization's history, mission, current and future goals.
   c. If the organization is a returning applicant, please provide a summary of the most recently funded project and its outcomes.
   d. Area organizations with which the organization regularly collaborates.

2. Purpose of Request (maximum three pages):
   a. Project description including the purpose and amount of the request.
   b. Describe the audience served including demographic information. Be specific about the number of people who will be served.
   c. List the communities where the project will take place.
   d. Describe the desired results of the proposed project/program. If this project is similar to or a duplication of another in the Foundation's grant area, explain why it is necessary.
   e. Explain briefly how the request fits with the organization's mission.
   f. Identify any project partners or collaborators, and/or the use of volunteers.
   g. Provide a list of action steps and a timeline for completion of the project.
   h. Should your application be funded, please explain how you plan to recognize the Foundation's support.

3. Evaluation (maximum two pages):
   a. How will the organization measure the success of the project/program?
   b. What information will be collected to support this evaluation?

4. Finances:
   a. Project income and expense budgets, including pending or confirmed funding sources.
   b. If applicable, please explain any additional fundraising to support this project. If you do not intend to pursue other funding sources, please explain why.

5. Attachments **(All attachments are required):**
   a. Cover page
   b. Authorized signature form
   c. Copy of the organization's 501(c)3 designation letter, or application
   d. Copy of the <u>first page</u> of the organization's most recent filed IRS 990 Form
   e. List of Board of Directors and officers, including their e-mail addresses
   f. Most recent financial audit or compilation, if available
   g. Current fiscal year operating budget
   h. If your organization is part of a larger organization, include a letter of support for your project from the parent organization. (Example: PTA of one school in school system)

6. Other Helpful Documents:
   a. Letter of support from each project partner or collaborator agency, if applicable
   b. Annual report or other publication describing the organization or project
   c. If the request is for a capital campaign, please include building/renovation design plans or concept description, if available.