

# GRANT APPLICATION FORM

*The Common Grant Application Form was developed by Philanthropy Northwest to facilitate the grant application process, and modified by NW Children's Foundation.*



## Instructions

Grant Applications are accepted only after an agency has been invited to apply. The following checklist outlines the sequence of steps to complete an application:

- Fill out the application form completely and attach all the supporting material requested below.
- Complete the narrative section on page three, using no more than four pages total (type no smaller than ten point, margins no smaller than one inch).
- Please submit **one electronic copy (in PDF form)** of the application and all attachments (please see formatting conventions below) to Tia Morishige at [tmorishige@nwcf.org](mailto:tmorishige@nwcf.org).

## Required Attachments

Please include the following with your grant application and narrative:

1. Organization Information:
  - List of key organizational staff, including titles and main functions.
  - List of current board members (include affiliations and any other pertinent information).
  - Verification of tax-exempt status under Section 501(c)(3) of the IRS code.
  - If the program for which you are seeking funds is a collaboration with other agencies, include letters or other documentation from the collaborating agencies.
2. Budget and other Financials:
  - For the current fiscal year:
    - a. a current year operating budget
    - b. a detailed budget of the program for which funds are being sought (if applicable)
  - For each of the past two years:
    - a. a balance sheet
    - b. a summary of actual income and expenses (aka – statement of activities)
    - c. a listing of funding sources and amounts received from these sources.
3. Financial Statements:
  1. Most recent audited or reviewed financial statements – **If available online**, you may add the URL in the application below.
4. Form 990:
  - Most recent IRS Form 990

## Formatting for Electronic Documents

For the electronic copy of your application, please send the completed application form and narrative, and each numbered section listed above, **as separate PDF documents named as follows:**

- [Organization Name]\_W1819\_App & Narrative.pdf (e.g., *Horizon Youth\_W1819\_App & Narrative.pdf*)
- [Organization Name]\_W1819\_Org Info.pdf
- [Organization Name]\_W1819\_Budget & Other.pdf
- [Organization Name]\_W1819\_Financial Stmts.pdf
- [Organization Name]\_W1819\_990.pdf (if available online, you may add URL on next page)

Organization NAME: \_\_\_\_\_ Year organization incorporated: \_\_\_\_\_

ADDRESS: (included street address if different)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the name at left the same as it appears on the IRS Letter of Determination? Yes  No

If not, explain: \_\_\_\_\_  
\_\_\_\_\_

TAX ID/EIN Number: \_\_\_\_\_

**NEW** - Link to 990 online (if available online, otherwise please attach as described) \_\_\_\_\_

CHIEF EXECUTIVE'S NAME & TITLE: \_\_\_\_\_

GRANT CONTACT'S NAME & TITLE (if different): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

GRANT CONTACT EMAIL: \_\_\_\_\_

\_\_\_\_\_

**ORGANIZATIONAL DEMOGRAPHICS:**

Number of full time staff: \_\_\_\_\_

Number of part time staff: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

GEOGRAPHIC AREA: \_\_\_\_\_

\_\_\_\_\_

OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**SOURCES OF INCOME:**

Government	Federal	_____ %	Fees/Earned Income	_____ %
	State	_____ %	Individual Contributions	_____ %
	County	_____ %	United Way	_____ %
	City	_____ %	Workplace Campaigns	_____ %
			(not United Way)	
			Corporate and/or Foundation Grants	_____ %
			Special Events	_____ %
			Memberships	_____ %
			Other	_____ %

PROPOSAL

AMOUNT OF THIS REQUEST: \$ \_\_\_\_\_ FUNDS NEEDED BY: \_\_\_\_\_

TIME FRAME IN WHICH FUNDS WILL BE USED: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

Check one of the following:

GENERAL OPERATING SUPPORT

PROGRAM SUPPORT

\_\_\_\_\_

If for program support, complete the following:

PROGRAM NAME: \_\_\_\_\_

TOTAL PROGRAM BUDGET: \$ \_\_\_\_\_ PERCENT THIS REQUEST OF PROGRAM TOTAL: \_\_\_\_\_%

PROGRAM COST PER CLIENT (if applicable): \$ \_\_\_\_\_

1. WHO WILL PROGRAM SERVE:

2. HOW MANY WILL PROGRAM SERVE:

3. WHAT GEOGRAPHIC AREA WILL PROGRAM SERVE:

PLEASE LIMIT THE LENGTH OF YOUR ANSWERS FOR THE FOLLOWING QUESTIONS TO  
**NO MORE THAN A TOTAL OF FOUR PAGES.**

1. APPLICANT ORGANIZATIONAL BACKGROUND

Include organizational mission statement and purpose, organizational qualifications, history of accomplishments, governance, area and population served, role or volunteers. (If this is a collaboration, describe the lead agency and its relation to others involved.)

2. NEEDS STATEMENT

Identify the needs your agency or this proposal will address. Acknowledge similar existing programs or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.

3. PROPOSAL

A. How will your proposal address identified needs?

B. Projected goals, objectives, timeline, anticipated impact.

C. Expected role of volunteers (If pertinent to this application, how many of the potential funder's employees are volunteers in your organization?)

D. Number and types of people who will benefit from your proposal.

E. How will you monitor your work and how will you measure success or effectiveness?

F. What are your other potential and actual sources of support for this proposal?  
Where do you expect to find future support?

4. APPROPRIATENESS TO FUNDER'S MISSION

Explain how your program meets this particular funder's guidelines and criteria.

5. ADDITIONAL INFORMATION

Please address here anything else about your organization or program you think is relevant to this proposal.