

Granville Foundation

2012 GRANT APPLICATION FORM

2012 Granville Foundation Grant Application Form

Organization Legal Name: _____

Organization Mailing Address: _____

Contact Name: _____

Contact E-mail Address: _____

1. Is your organization a non-profit legal entity with 501(c)(3) status?

Yes No

2. Does your organization have paid staff?

Yes No

If yes, how many full-time equivalent? _____

3. Does your organization utilize volunteers?

Yes No

If yes, how many full-time equivalent? _____

4. Approximate number of individuals served annually by your organization: _____

5. Will this grant involve the need for additional employees?

Yes No

If yes, how many? _____

6. Has your organization previously applied for a Granville Foundation grant?

Yes No

7. Has your organization previously received a Granville Foundation grant

Yes No

If yes, when? _____

8. Name of project or program for which you are seeking Granville Foundation support:

2012 Granville Foundation Grant Application Form

10. Amount of financial support you require from the Granville Foundation: _____

11. Estimated total cost of project or program from all sources: _____

12. If the full amount of your request for funding cannot be granted, can your organization accept partial funding and still meet the goals of the project?

Yes No

Please explain: _____

13. Are you seeking support for a new or established program or project ?

New Established

If established, how long has the project or program existed? _____

14. Have you been refused any funding for this request from the Granville Foundation or other source?

Yes No

Please explain: _____

15. If this is an ongoing project, how will it be funded in the future?

16. Will you collaborate on this project or program with other organizations?

Yes No

If yes, which ones? _____

17. What outcomes must be achieved to classify this project or program as a success?

2012 Granville Foundation Grant Application Form

18. Why is this project or program important to Granville; how will it improve our quality-of-life?

19. Provide any additional information that you wish to include that is pertinent to this grant request:

20. Project or Program Personnel

- a: _____ Number of full-time equivalent employees
- b: _____ Number of full-time equivalent consultants
- c: _____ Number of full-time equivalent volunteers

21. Project or Program Expenditures: Grand total \$ _____

- a: _____ Employee labor
- b: _____ Consultant labor
- c: _____ Honoraria
- d: _____ Supplies and materials
- e: _____ Transportation
- f: _____ Per diem food and lodging
- g: _____ Facility rentals
- h: _____ Equipment rentals
- i: _____ Equipment purchases (Explain and justify) _____

2012 Granville Foundation Grant Application Form

22. Project or Program Funding: Grand total \$ _____

- a: _____ Granville Foundation grant
- b: _____ Other foundation grants
- c: _____ Federal or state government grants and/or contracts
- d: _____ Own-source revenue
- e: _____ Public contributions or donations solicited for this project
- f: _____ Loans
- g: _____ All other

CERTIFICATION OF INFORMATION:

Name of organization President (or equivalent): _____

Signature of organization President (or equivalent) _____

Date: _____