COMMUNITY FOUNDATION FOR THE ALLEGHENIES GRANT APPLICATION COVER SHEET

| Date of Application: Year Founded: | |
|--|---|
| Legal name of organization applying: | |
| (Should be same as on IRS determination letter and as supplied on IRS Form 990.) | |
| Federal Tax ID No: (IRS letter should be included in grant application) | |
| Address: | |
| City/State/Zip: | |
| Phone number: Fax Number: | |
| Executive Director: Mr. Mrs. Ms. Name: | |
| Contact person: Mr. Mrs. Ms. Name: | |
| Contact Person's E-mail Address: | |
| List any previous support from this funder in the last 5 years: | |
| Project Name: (one to four words) | |
| Purpose of Grant (one to two sentences): | |
| For applicants working with children under the age of 18: | |
| ☐ I certify that all employees and volunteers who work with children under the age of 18 have current clearances under Acts 34 and 151. understand the Community Foundation for the Alleghenies is relying on this representation and has not reviewed and is not responsible to review or audit any individual's clearance, which might contain confidential personnel information of our organization. | |
| For applicants working in the arts: | |
| □ Our organization is a member of the Arts Coalition of the Alleghenies. □ Our organization is not a member of the Arts Coalition of the Alleghenies. | |
| Amount Requested: \$ | |
| Total Project Cost-(Amount from Project Budget-Form 1): \$ | |
| Current Operating Budget-(Please do not enter "See attached Balance Sheet", it is your responsibilit to enter the correct amounts from your Audit, Balance Sheet or the Annual Operating Budget Form | • |
| Total Expenses: \$ | |
| Total Revenue: \$ | |
| Please check Geographic Area(s) served for this grant project request: | |
| Somerset County Cambria County | |
| Bedford County Bork Fund-Indiana County | |
| Print:Sign: | |
| Print and Sign, Chairperson, Board of Directors Date | |

Grant Project Grant Budget-Form 1

| Expenses: include a description and the total amount for each of the following budget categories, in this order. BE SPECIFIC | Amount Requested (Must equal the amount requested on the cover sheet) | Total Project Cost (Must equal the total project cost on the cover sheet) |
|---|---|--|
| 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 (include any invoices or quotes-be specific) | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Total amount requested | \$ | \$ |
| Total project expenses | \$ | \$ |

| Print: | Sign: |
|-----------------------|---|
| | Print and Sign, Executive Director |
| | Date |
| If appropriate Yes | , may we provide your grant information to other potential funders? |

| Revenue: | Committed | Pending |
|--|-----------|---------|
| 1. List any additional funding or partners. (Verify that your project | \$ | \$ |
| will still is able to progress if you do not receive full funding from | | |
| the Community Foundation.) | | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| 2. Earned Income | \$ | \$ |
| Events | \$ | \$ |
| Publications and Products | \$ | \$ |
| 3. Membership Income | \$ | \$ |
| 4. In-Kind Support | \$ | \$ |

Organization's Current Annual Operating Budget-Form 2 or Budget Sheet (Must equal the budget expenses and revenue on the cover sheet)

| Budget for the period: to | |
|--|-----------|
| | |
| EXPENSES | \$ Amount |
| Salaries & wages (breakdown by individual position and indicate full | |
| or part-time) | |
| Fringe benefits & payroll Taxes | |
| Consultants & professional fees | |
| Travel | |
| Equipment | |
| Supplies | |
| Training | |
| Printing & copying | |
| Telephone & fax | |
| Postage & delivery | |
| Rent & utilities | |
| In-kind expense | |
| Other (specify) | |
| TOTAL EXPENSE-enter amount on grant cover sheet | |
| REVENUE | |
| Government grants & contracts (specify) | |
| Foundations (specify) | |
| Corporations | |
| Religious institutions | |
| United Way, Combined | |
| Federal Campaign & other federated campaigns | |
| Individual contributions | |
| Fundraising events & products | |
| Membership income | |
| In-kind support | |
| Other (earned income, consulting fees, etc. Please specify) | |
| TOTAL REVENUE-enter amount on grant cover sheet | |
| 5 Other (specify) | • |

COMMUNITY FOUNDATION FOR THE ALLEGHENIES GRANT APPLICATION FORM INSTRUCTIONS Please follow directions closely

1. Please submit **one** original of the entire grant application packet as loose sheets.

IMPORTANT- (We make copies of the grant application for our distribution committee.) PLEASE DO NOT:

- print information on the back of the grant cover sheet or budget forms. Your information may be missed if it is printed on the front and back of your application.
- staple or paper clip grant application or attachments
- insert the documents into a folder or binder of any kind
- include table of contents or title pages
- include any videos or materials other than those specifically requested.
- 2. Grants mailed regular mail and postmarked by the due date are accepted. Forwarding the grant application by overnight mail of certified is not necessary.

GRANT APPLICATION FORMAT

Important-submit all information in the order below

- 1. Grant Cover Sheet
- 2. Project Grant Budget Form 1
 - a. Project Grant budget Give a detailed breakdown of what you will spend the funds on if the grant is made. (Example: Other-if you are requesting more than one item, include quotes for all items. Or, Equipment-explain what type of equipment and give a breakdown of the costs) Include all essential documentation such as quotes or invoices.
- 3. Current Annual Operating Budget- Form 2 or balance sheet.
- 4. Purpose of Grant
 - a. Statement of needs/problems to be addressed; description of target population and how they will benefit.
 - b. Description of project goals.
 - c. Timetable for implementation.
 - d. List other partners or funding in the project and their roles. Long-term strategies for funding this project at end of grant period.
 - e. 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?
- 5. Executive Summary
 - Introduce your organization and make a strategic link between your proposal and the Community Foundation for the Alleghenies mission and grant making interests.
 - b. Include brief summary of organization's history, brief statement of organization's mission and goals, description of current programs, activities, and accomplishments.
- 6. Letter to show Proof of Current Audit or Audit Opinion Report
 - a. Can we access your audit online? If so, provide web address.
 - b. If needed, we will contact you to request the complete copy of the audit.
- 7. A copy of the current IRS determination letter indicating 501(c) (3) tax-exempt status and Federal Tax ID Number.
- 8. List of Board of Directors with affiliations and Organizational Chart.