

STANWOOD-CAMANO AREA FOUNDATION

COMMUNITY GRANT APPLICATION REQUIREMENTS

A completed application packet includes FOUR COPIES, stapled, of the following:

- ❑ Signed Cover Sheet form (1 page)
- ❑ Project Description (no more than 4 pages)
- ❑ Project Budget form (1 page)
- ❑ List of current members of the Board of Directors with affiliations
- ❑ Copy of IRS determination letter confirming 501(c)(3) status
- ❑ Page 1 of most recent IRS Form 990
- ❑ Organizational brochure, if available. Do not submit additional back-up material unless requested.

ORGANIZATION INFORMATION

Organization name: _____

Mailing Address: _____

City _____ St _____ Zip _____

Website _____

Phone _____ E-mail _____

Contact person _____ Position held _____

Tax-exempt status ___ 501©(3) organization ___ Other

What is your organization's mission?

Staff: _____ # Members: _____ # Volunteers: _____ # Board members: _____

People in the Stanwood-Camano Community served by your organization: _____

PROJECT INFORMATION:

Name of project _____

Name of project director _____

Phone _____ Email _____

Total project budget \$ _____ Amount requested from the Foundation \$ _____

Dates of proposed project/activity: From _____ To _____

People to be served by proposed project: _____

Summary of need and goals:

Certification and Permission to use "Applicant Information" to Announce Recipients

I understand that this application becomes valid ONLY when the Foundation receives all the required documents. In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any grant offered.

I agree that if the organization accepts a grant from the Foundation, the use of the organization's name, photographs and the amount of the award is permitted in press releases, public announcements, and other fundraising or promotional materials in all media, to advance the non-profit objective of the Foundation.

Signature _____ Date _____

Print Name _____ Title _____

PROJECT DESCRIPTION

Definitions:

Project: The use to which you will put SCAF funds only, not a larger activity which we do not fund.

Goal: What you hope to achieve with SCAF funds, in one sentence.

Objectives: Major activities, methods or strategies required to achieve your goal.

Timetable: Specific dates or months in which major activities will take place.

Provide no more than 4 double-spaced pages using 12-point type and 1 inch margins to answer the following questions.

1. What specific need or opportunity will be addressed by your project?
2. Who will benefit from your project?
3. What is your project's goal? What are the major objectives by which you propose to achieve it?
4. What activities are planned during your project?
5. Who will be responsible for the activities? What are their qualifications?
6. If more than one organization is involved, how will you allocate responsibilities?
7. What is your timeline for major project activities?
8. Where will your project take place?
9. How will you measure your project's impact on the people it is designed to benefit (evaluation plan)?
10. Please provide a justification for your major budget line items.
11. If funds requested from the Foundation are partial, what are your plans for obtaining the remaining funds needed to complete the project?

BUDGET FORM

Please complete this form for the total funds necessary for the completion of your project and the amount requested from the Foundation for each expense category. If some expenditures need explaining, please do so below.

Project Expense Category	Total Expense	Requested from Foundation
Salaries & wages		
Fringe benefits and payroll taxes		
Consultants and professional fees		
Marketing & advertising		
Travel		
Equipment		
Supplies		
Training		
Printing and copying		
Telephone and fax		
Postage and delivery		
Rent		
Utilities		
In-kind expenses		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Totals		