

GRANT APPLICATION COVER SHEET
(Please submit 3 copies of the cover sheet, budget & application)

Date of Application: _____ EIN: _____

Legal name of organization applying: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990.)

Year Founded: _____ Current Operating Budget: _____

____% of Operating Budget for Admin/Fundraising ____% of Operating Budget of this project
____% of Operating Budget serving women & girls

Executive Director: _____ Phone number _____

Contact person/title/phone number (if different from executive director) _____

Address (principal/administrative office): _____

City/State/Zip: _____

Fax Number: _____ E-mail Address: _____

List any previous support from this funder in the last 5 years: _____

Project Name: _____

Purpose of Grant (one sentence): _____

Planned Project Start Date: _____ Planned Completion Date: _____

Amount Requested: \$ _____

Total Project Cost: \$ _____ # People Who Will Benefit from This Project _____

Geographic Area Served: ____ Washtenaw County ____ Jackson County ____ Other

Signature, Chairperson, Board of Directors

Date

Signature, Executive Director

Date

Typed Name and Title

GRANT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the grant budget in this format and in this order.

A. Organizational fiscal year: _____

B. Time period this budget covers: _____

C. For a CAPITAL request, substitute your format for listing expenses. These will likely include: architectural fees, land/building purchase, construction costs, and campaign expenses.

D. **Expenses:** include a ***description and the total amount*** for each of the following budget categories, in this order:

	<u>Knight Request</u>	<u>Total Project</u>
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/In Kind (specify)	\$ _____	\$ _____

Total grant requested \$ _____ Total project expenses \$ _____

E. **Revenue:** include a ***description and the total amount*** for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

	<u>Committed</u>	<u>Pending</u>
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other/In Kind (specify)	\$ _____	\$ _____

Total Revenue \$ _____ \$ _____

JAMES A. & FAITH KNIGHT FOUNDATION GRANT APPLICATION

Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, thus leaving flexibility for length of response.

A. NARRATIVE

1. Executive Summary

- Begin with a half-page executive summary. Briefly explain why your agency is requesting this grant, how you will use the money and what outcomes you hope to achieve.

2. Purpose of Grant: Please answer these questions

- What is the situation you want to change and why?
- What is the change you want to create? Detail your project's goals, strategies and activities
- What is the timetable for implementation?
- Who are the other partners in the project and what are their roles?
- Who will benefit from this project (age, geography, socio-economics, organization etc)? Have all beneficiaries been involved in the planning process? Please describe.
- What results or milestones do you expect? Please detail as simply as possible such as :
In 2005, 70 youth will complete an after-school smoking prevention program and 50 % of them will know 11 smoking health risks as verified on pre and post tests.
- What are the project's circumstances or features that will help you achieve your results and milestones? And what are the barriers or challenges that might prevent your success?
- What are your long-term strategies for funding this project at end of grant period?

3. Evaluation

- Describe the evidence that will indicate the results of your work and your plan to collect this evidence. Specifically, how will your project:
 - Define or reframe your project's main issue (such as hunger, housing, etc.)
 - Change individual or community behavior
 - Develop or engage a critical mass to affect your project's main issue
 - Create or change an institution or policy
 - Maintain a current position or hold the line on previous progress

4. Budget Narrative/Justification

- Grant budget; use the **Grant Budget Format** that follows, if appropriate.
- On a separate sheet, show how each budget item relates to the project and how the budgeted amount was calculated.
- List amounts requested of other foundations, corporations and other funding sources to which this proposal has been submitted.
- In the event that we are unable to meet your full request, please **indicate priority** items in the proposed grant budget.

B. ATTACHMENTS: Only ONE copy of the following need be sent.

1. **A copy of the current IRS determination letter** indicating 501(c)(3) tax-exempt status.
2. **List of Board of Directors with affiliations. Please note the % of Board that are women & the % of Board representing racial/ethnic diversity.**
3. **Finances**
 - Organization's current annual operating budget, including expenses and revenue.
 - Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).
4. **Letters of support required if using a fiduciary;** other letters optional to verify project need and collaboration with other organizations.
5. **Annual report,** if available.