Walhalla Area Community Foundation

Grant Application Form

DO YOU QUALIFY FOR A GRANT? *Please mark only one. EIN required.*

- ○ Organization is an IRS 501(c)(3) not-for-profit. Federal ID# (EIN): _____
- ○ Organization is a unit of government. Federal ID# (EIN): _____
- ○ Organization has a written agreement with a fiscal sponsor* who is a 501(c)(3) or government agency. Sponsor's Federal ID# (EIN): _____

If you cannot mark any of the above, your organization does not qualify for a grant. Please contact your local community foundation representative or NDCF if you need help finding a fiscal sponsor.*

The following items must be included with this application form in order to be considered for a grant:

Nonprofit 501(c)(3) organizations

1. Copy of your 501(c)(3) determination letter (issued by the IRS) **OR** a copy of your fiscal sponsor's determination letter **and** written sponsorship agreement.
2. List of board or committee members and their employers and/or community affiliations.
3. Project budget, including other sources of funding.
4. Financial statements from your most recently completed fiscal year **OR** organization's most recent 990.
5. List of companies and foundations that you are soliciting for funding **and** dollar amounts, indicating which sources are committed, pending, or anticipated.

Government agencies

1. List of board/committee members.
2. Project budget, including other sources of funding.
3. List of companies and foundations that you are soliciting for funding **and** dollar amounts, indicating which sources are committed, pending, or anticipated.

APPLICANT INFORMATION

_____

Name of Organization or Group Applying for Grant

_____ _____ , _____ _____

Mailing Address ***City*** ***State*** ***Zip***

_____ _____

Primary Contact Person ***Title or Role***

_____ _____

Phone ***Email***

FISCAL SPONSOR INFORMATION (IF APPLICABLE)

_____

Name of Fiscal Sponsor - (Organization to receive grant must be 501(c)(3) or government agency)

_____ _____ , _____ _____

Mailing Address ***City*** ***State*** ***Zip***

_____ _____

Fiscal Sponsor Representative ***Title or Role***

_____ _____

Phone ***Email***

**Fiscal sponsorship is an arrangement between a 501(c)(3) public charity or unit of government and a project that does not have that tax status, in which the charity receives and expends funds to advance the charitable work of the project while retaining discretion and control over the funds.*

AMOUNT REQUESTED & PROPOSAL NARRATIVE

AMOUNT REQUESTED: $ _____ Would you accept less than the requested amount? _____

PROJECT OR PROGRAM NAME: _____

Please use this section to describe your request. Attach up to one (1) additional page, if needed. If you are requesting funding for more than one project, program, or item, please list all. Examples of what to include: *How will the requested funds be used? How will the community benefit from this charitable project or program? Which geographic area(s) and/or demographic group(s) are served by this project or program?*

AUTHORIZATION

_____ _____

Signature *Date*

_____

Print name

By signing, I certify that all statements and information provided in this application are true, complete and correct to the best of my knowledge, and are made in good faith. I understand that statements or information furnished on this form are subject to verification and I agree to furnish supporting documents or information when so requested.