**Max & Helen Guernsey Charitable Foundation Grant Application Form**

Please answer **all** questions. This document, as submitted, will be reviewed by the Board of Trustees.

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application \_\_\_\_\_\_\_\_\_\_

**A. ORGANIZATION INFORMATION**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/title of contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Federal ID # (Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Organization’s mission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Staff in #’s: Paid full time \_\_\_\_\_\_\_ Paid part-time \_\_\_\_\_\_\_ Volunteers \_\_\_\_\_\_ Interns \_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_ Total Staff (paid and volunteer) \_\_\_\_\_\_\_\_\_\_

4. # of years organization has received funding from Guernsey Foundation**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Changes (such as staff, funds, etc.) your organization has incurred this year: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. GRANT REQUEST INFORMATION**

Focus Area (select the best fit):

 [ ] Education [ ] Social Issues [ ] Family Life/Community Betterment [ ] Health, Recreation, & Fitness

6. Type of Request: (select one)

[ ]  Operating Support [ ]  Project/Program [ ] Capital [ ] Other

7. Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_ Name of Project/Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# People Served: \_\_\_\_\_\_\_\_\_\_\_\_ % of work done by volunteers: \_\_\_\_\_\_\_\_\_

8. Describe your project in 3 or 4 sentences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Describe the overall need for this project/program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Duration of project: From \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ Project Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What will the project’s impact or community benefit be? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Population served, and number of people served by this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. What geographic location is served by this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. What are your other primary sources of funding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. What are your plans for project sustainability? (Might include annual fundraiser, letter of commitment for the city, endowment or measurable improvement) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Summary of project goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Project Evaluation - describe expected results and how they will be measured \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Your sources of Income and other funds:

 **Government *Federal***       **% Fees/Earned Income**       **%**

 ***State***       **% Individual Contributions**       **%**

 ***County***       **% United Way**       **%**

 ***City***       **% Corporate and/or Foundation Grants**       **%**

 **Special Events**      **% Memberships**       **%**

**C. REQUIRED ATTACHMENTS:** Submit the following 6 attachments with your completed proposal.

20. Copy of IRS Federal Tax Exempt letter: 501©(3) or 170©(1) used solely for public purposes.

21. Expense & revenue projections for the project including secured commitments

22. Federal 990 form (nonprofit applicants only)

23. Board of Directors list

24. Organization’s actual income and expense statements for past year or current financial statement prepared by an outside source.

25. Last year and current year’s operating budget

**D. (Optional) Support material may be included**

Guernsey Charitable Foundation Grant Application

*Glossary of Terms*

**Capital Request**- A planned undertaking to purchase, build or renovate a space or building or toacquire equipment.

**Community-**the people living in the same city, area, state, etc.

**Federal ID Number**-Document issued by the IRS recognizing non-profit, tax-exempt status

**501©(3) or 170©(1) used solely for public purposes**- recognized non-profit organizations described by the Internal Revenue Code.

**General Operating Support**-Funds, either contributd or granted, which support ongoing services of the organization.

**Grant-**An allocation from foundations, corporations or government for special projects or general operating support.

**Indicators**-Observable, measurable characteristics that represents achievement of the outcome.

**In-Kind support**-A contribution of equipment.materials,timeor services that the donor has placed a monetary value on for tax purposes.

**Methodolgy-**The series of activities needed to accomplish the program objectives

**Outcomes-**The changes in or benefits acheved by clients due to participation in program activities.

**Program -**An organized set of services designed to achieve specific outcomes for a specified population.

**Project**-A planned undertaking or organized set of services designed to achieve specific outcomes.

**Community impact or community benefit**-An example that illustrates your program’s effect on clients.

**Unit cost**- What the cost of your proposed project or program request will be per individual

***Checklist*:** Have you included these in your Guernsey Foundation Grant Application?

* Federal ID number (required)
* Application form is complete
* Your organization’s mission statement
* Organization budget
* Staff & volunteer numbers
* Type of Request
* Request description
* Amount requested
* Project or Program description
* Population served and Geographic location
* Other funding sources
* Summary of project/program goals
* 6 required Attachments

**AUTHORIZATION**

Has the organization’s chief executive officer authorized this request? [ ]  YES [ ]  NO

The undersigned, an officer of the organization does hereby cerify the information set forth is is true and correct.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name/Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_