



306 So. BARSTOW, SUITE 104, EAU CLAIRE, WI ~ 715-552-3801 ~ FAX 715-552-3802
www.eccommunityfoundation.org

PROGRAM GRANT APPLICATION
GRANT APPLICATION DEADLINE: FEBRUARY 8, 2010

WHEN PREPARING YOUR APPLICATION PLEASE FOLLOW THESE GUIDELINES:

- See Grant Guidelines at our website when preparing this application. Applicants are encouraged to discuss their project with the Foundation staff in order to learn if the request meets the Foundation's granting guidelines.
- Type the information requested by this 3-page application, which can be downloaded from our website. Handwritten applications will not be accepted.
- Include a one-page cover letter that provides a brief introduction to your organization and a brief summary of the program for which you are applying for funding.
- Submit **the original** completed 3-page application plus **fifteen copies** of the Project Information, Financial Analysis, and Description of Your Project. Staple and punch for 3-hole binders. It is not necessary to include promotional materials from previous projects.
- Submit only **one** copy of each of the documents listed in the Attachments section.
- Mail or deliver your materials to the above address. Fax or electronic submissions are not accepted.

APPLICANT INFORMATION:

DATE SUBMITTED: _____

Organization Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Fax: _____ E-Mail Address: _____

What is the Mission of your organization?: _____

PROGRAM INFORMATION:

Name of program, for which you are requesting funding: _____

Area impacted by this program: Culture Education Environment Recreation Social Services

What do you plan to do with the grant? (Please give a brief explanation here) _____

Is this a new or ongoing program? New Ongoing

Program Start Date: _____ Program End Date: _____

Total Program Expenses: \$ _____ Amount Requested of the Eau Claire Community Foundation: \$ _____

How many people will this program serve? Directly _____ Indirectly _____

Date you need the funding: _____

Targeted population to be served by this project: ↑General Public ↑Children ↑Youth ↑Adults ↑Elderly ↑Disabled ↑Low-Income ↑ Minorities ↑Special Needs ↑Men ↑Women

Geographic area served: _____

Programs or assets previously funded through the Community Foundation:

Date:	Grant amount:	Program/asset:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL ANALYSIS:

SOURCES OF FUNDING—LIST ALL THAT YOU ANTICIPATE APPLYING FOR

	SECURED FUNDING	FUNDING APPLIED FOR	TOTALS
EC Community Foundation	\$ _____	\$ _____	= \$ _____
Other Foundations	\$ _____	\$ _____	= \$ _____
Corporations	\$ _____	\$ _____	= \$ _____
Other (specify)	\$ _____	\$ _____	= \$ _____
TOTAL:			\$ _____

PROGAM EXPENSES

Cost of materials, staff, etc.	\$ _____	
Financing costs (if any)	\$ _____	
Other (specify)	\$ _____	
TOTAL:		\$ _____

If your request is not fully funded by the Eau Claire Community Foundation, how will you implement the program?

DESCRIPTION OF YOUR PROGRAM:

Please limit the Description of Your Program answers to three typewritten pages.

1. How does this proposal fit within the granting guidelines and the mission of the Eau Claire Community Foundation?
2. How does this proposal fit within the mission of your organization?
3. List other organizations participating in the program and describe their roles.
4. Is there community support for this program? If so, please describe.
5. Does your program address an important need of the community?
6. How does your program seek to address this critical need?
7. Is the program sustainable without future funding from the Eau Claire Community Foundation?
8. How many people will be impacted by this program and how did you determine that number?
9. Explain how you will measure the effectiveness of your program. Please describe or illustrate evaluation tools and methods.
10. How will the program be staffed?
11. Have you worked with this targeted population in the past?
12. How are volunteers used in this program?

ATTACHMENTS: INCLUDE ONLY ONE COPY OF EACH OF THE FOLLOWING DOCUMENTS

1. Your most recent audited financial statement or Form 990.
2. A list of your current Board of Directors.
3. A copy of your current IRS determination letter indicating 501(c)(3), or 509(a) tax exempt status, or evidence that your organization is not a private foundation as defined in Section 509(a). If not available, please explain status. If you using another organization as a fiscal agent or are being sponsored by another organization, submit their tax-exempt letter and a signed letter from them indicating their sponsorship.

ADDITIONAL INFORMATION ABOUT YOUR ORGANIZATION:

Year of Incorporation: _____

Is your organization an IRS 501(c)(3) not-for-profit? Yes___ or No, we are using another organization as fiscal agent___ (if No, you must include a letter of support from an eligible organization serving as fiscal agent) or Pending Approval___

Is your organization name the same as it appears on your IRS Letter of Determination? If not, explain. Yes___ No___

Organizational fiscal year: _____ Total annual budget: _____

Has this project been authorized by your agency's governing board: Yes___ No___

Has your governing board approved a policy which states that your organization does not discriminate on the basis of race, ancestry, color, age, familial status, handicap, religion, gender, sexual orientation, marital status, lawful sources of income, national origin, or any other discriminatory practice prohibited by state or federal law? Yes___ No___

We certify that the information provided in this application is correct to the best of our knowledge. We understand that additional information may be required by the Community Foundation to aid the Grant Review Committee members in their review of this request. We are available to answer your questions.

Executive Director/Board President: _____
[print name]
Date: _____
Signature of Executive Director /Board President

Contact Person _____
[print name]
Date: _____
Signature of Contact Person

****Applications for projects in close partnership with schools also require the signature of the Administrator:*

name of district
signature title