



# Financial Assistance Grant for Organizations

## Grant Application

Date of application: \_\_\_\_\_

Legal name of organization to which grant would be paid: \_\_\_\_\_

Organization's Address Street \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person (if not Executive Director): \_\_\_\_\_

Purpose of grant (one sentence): \_\_\_\_\_

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

Is your Organization an IRS 501c (3):  YES  NO

If not, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Check One:**  General Support      Amount of Grant Request: \$ \_\_\_\_\_  
 Project Support

If project, please describe: \_\_\_\_\_

Total project budget (if requesting project support): \$ \_\_\_\_\_

Dates covered by project budget (mo/day/year): \_\_\_\_\_

Project name (if applicable): \_\_\_\_\_

Total organizational budget (for current year): \$ \_\_\_\_\_

Dates covered by this budget (mo/day/year): \_\_\_\_\_





## **Grant P**

### **I. Proposal Summary** (one-half page maximum)

Please summarize in a short paragraph the purpose of the grant, what outcomes you hope to achieve during this grant, what outcomes you hope to achieve during this grant.

### **II. Narrative** (3 page maximum)

#### **A. Background** – Describe the work of your organization.

1. A brief description of its history and mission.
2. The need or problem that your organization serves, including geographic location, physical or medical disability.
3. Current programs and accomplishments.
4. Number of paid full-time staff, part-time staff, and volunteers.
5. Your organization's relationships both with other agencies that meet the same needs or providing similar services and from these other agencies.

#### **B. Funding Request** – Please describe the project.

1. If applying for general operating support.
2. If your request is for a specific project:
  - A statement of its primary purpose.
  - The population that you plan to serve.
  - Strategies that you will employ to implement the project.
  - The proposed staffing pattern for the project and who will direct the project (if applicable).
  - Anticipated length of the project.
  - How the project contributes to your organization's mission.

#### **C. Evaluation** – Please explain how you will measure the success of the project, the criteria for a successful program and the results expected during the funding period.

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**III. Attachments** – Please label all attachments to correspond to the bold-faced capitalized items below:

**A. Financial Information** – Please provide the dates that each document covers

1. Your most recent financial statement (audited if available). This statement should reflect actual funds received and expenditures during your most recent fiscal year.
2. Aligned side-by-side on the same page, your operating expense budget for the current and most recent fiscal year.
3. A list of foundation and corporate support with sources and amounts for your current and most recent fiscal years.

*If Project Funding is Requested:*

4. A current expense budget for the project. List each staff line separately and include percentage of time spent on project. Indicate the specific uses of the requested grant if possible.
5. A list of funds received toward the project, actual and prospective.

**B. Other Supporting Materials**

1. A list of your Board of Directors with their affiliations
2. A copy of your most recent 501c(3) exemption, or if not available, an explanation.
3. One paragraph resumes of key staff including qualifications relevant to the specific request
4. Your most recent annual report including balance sheet
5. No more than three examples of recent articles about, or evaluations of, your organization if available.
6. A photo of your facility if applicable to project.



***Hunter's Chosen Child  
Application Processing Department  
7120 Hayvenhurst Avenue, Suite 409  
Van Nuys, CA 91406***

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