

DATE	PROJECT NAME		
PROJECT FOCUS AREA Arts, Culture, and Preservation Education Environmental and Conservation Animal Welfare Family Services Health and Wellness Food Insecurity Other	EXECUTIVE SUMMARY OF PROJECT (50 WORDS MAX)	ORGANIZATION NAME LEGAL NAME (IF DIFFERENT) ADDRESS TELEPHONE NUMBER	EMPLOYER ID FOUNDED
PROJECT STATUS New On-going Expanding current program	GEOGRAPHIC AREAS SERVED	WEBSITE EXECUTIVE DIRECTOR/CEO GRANT CONTACT PERSON CONTACT PHONE	
ENTITY TAX STATUS 501(c) 509(a) LAST FILED 990 990 990-EZ 990-N None	OPERATING BUDGET (YR) ENDOWMENT VALUE # PAID STAFF # VOLUNTEERS	# BOARD MEMBERS	% OF BOARD THAT DONATE \$ CONTACT EMAIL
DATE OF LAST CPA AUDIT OR FINANCIAL REVIEW			
TOTAL PROJECT/PROGRAM BUDGET TOTAL DOLLARS COMMITTED TO DATE USE OF GRANT FUNDS (CHECK ALL THAT APPLY) Building Equipment Supplies Personnel Administrative Costs	PLEASE PROVIDE A BRIEF ESTIMATE OF THE TOTAL PROJECT/PROGRAM BUDGET (THIS MAY BE PRELIMINARY) WITH AN ALLOCATION BETWEEN BUILDING, EQUIPMENT, SUPPLIES, ETC. (ATTACH DETAILED BUDGET) PLEASE PROVIDE THE AMOUNT AND SOURCE OF ANY DOLLARS SECURED OR COMMITTED FOR THIS PROJECT TO DATE. PLEASE INCLUDE MAJOR FUNDERS, FOUNDATIONS, IN-KIND GIFTS OR OTHER GRANTS. PLEASE LIST ANY PARTNERS THAT MAY BE INVOLVED IN THIS PROJECT/PROGRAM		

COMMUNITY NEED – PLEASE PROVIDE A BRIEF STATEMENT OF COMMUNITY NEED. INCLUDE NUMERICAL OR STATISTICAL DATA AND A SUMMARY OF ANY STUDY RESULTS, IF AVAILABLE. (250 WORDS MAX)

OBJECTIVES AND ACTION PLAN – PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PROJECT AND WHAT THE GRANT MONEY WILL BE USED TO ACCOMPLISH. INCLUDE THE PURPOSE, TIME TABLE, TARGET POPULATION, GEOGRAPHIC AREAS SERVED, AND SUPPORTING STATISTICAL DATA. (1,250 WORDS MAX)

FUTURE FUNDING SOURCES – PLEASE PROVIDE A BRIEF EXPLANATION OF HOW THIS PROJECT WILL BE SUSTAINED WHEN THE GRANT MONEY HAS BEEN DEPLETED. (250 WORDS MAX)

This Grant Qualification application must have the explicit authorization and approval of both the organization's Executive Director/CEO and the Chair of the Board of Directors. By entering their respective names below, the organization represents that the information provided herein is accurate and that both the Executive Director/CEO and the Chair of the Board of Directors authorize and approve the submittal of this Grant Qualification for grant consideration by Bestow.

DATE _____

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