

# GRANT SUBMITTAL FORM

The overarching intent of our grant qualification is the Organization's ability to convey innovation and change in the Greater Indianapolis MSA (including surrounding counties). Please use this form to explain to the Bestow Selection Committee how any granted funds would be utilized toward measurable efforts of innovation and change.



|                                            |  |                                                                                                                                                                                       |  |
|--------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DATE                                       |  | PROJECT NAME                                                                                                                                                                          |  |
| <hr/>                                      |  | <hr/>                                                                                                                                                                                 |  |
| PROJECT FOCUS AREA                         |  | EXECUTIVE SUMMARY OF PROJECT (50 WORDS MAX)                                                                                                                                           |  |
| Arts, Culture, and Preservation            |  | ORGANIZATION NAME                                                                                                                                                                     |  |
| Education                                  |  | LEGAL NAME (IF DIFFERENT)                                                                                                                                                             |  |
| Environmental and Conservation             |  | ADDRESS                                                                                                                                                                               |  |
| Animal Welfare                             |  | TELEPHONE NUMBER                                                                                                                                                                      |  |
| Family Services                            |  | EMPLOYER ID                                                                                                                                                                           |  |
| Health and Wellness                        |  | WEBSITE                                                                                                                                                                               |  |
| Food Insecurity                            |  | FOUNDED                                                                                                                                                                               |  |
| Other                                      |  | EXECUTIVE DIRECTOR/CEO                                                                                                                                                                |  |
| PROJECT STATUS                             |  | MISSION STATEMENT                                                                                                                                                                     |  |
| New                                        |  | GRANT CONTACT PERSON                                                                                                                                                                  |  |
| On-going                                   |  | CONTACT PHONE                                                                                                                                                                         |  |
| Expanding current program                  |  | CONTACT EMAIL                                                                                                                                                                         |  |
| ENTITY TAX STATUS                          |  | # BOARD MEMBERS                                                                                                                                                                       |  |
| 501(c)                                     |  | % OF BOARD THAT DONATE \$                                                                                                                                                             |  |
| 509(a)                                     |  | CONTACT EMAIL                                                                                                                                                                         |  |
| LAST FILED 990                             |  | ORGANIZATION HISTORY INCLUDING MEANINGFUL ACHIEVEMENTS (100 WORDS OR LESS)                                                                                                            |  |
| 990                                        |  |                                                                                                                                                                                       |  |
| 990-EZ                                     |  |                                                                                                                                                                                       |  |
| 990-N                                      |  |                                                                                                                                                                                       |  |
| None                                       |  |                                                                                                                                                                                       |  |
| DATE OF LAST CPA AUDIT OR FINANCIAL REVIEW |  |                                                                                                                                                                                       |  |
| <hr/>                                      |  | <hr/>                                                                                                                                                                                 |  |
| TOTAL PROJECT/PROGRAM BUDGET               |  | 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) |  |
| TOTAL DOLLARS COMMITTED TO DATE            |  |                                                                                                                                                                                       |  |
| USE OF GRANT FUNDS (CHECK ALL THAT APPLY)  |  | 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.          |  |
| Building                                   |  |                                                                                                                                                                                       |  |
| Equipment                                  |  |                                                                                                                                                                                       |  |
| Supplies                                   |  |                                                                                                                                                                                       |  |
| Personnel                                  |  |                                                                                                                                                                                       |  |
| Administrative Costs                       |  |                                                                                                                                                                                       |  |
|                                            |  | PLEASE LIST ANY PARTNERS THAT MAY BE INVOLVED IN THIS PROJECT/PROGRAM                                                                                                                 |  |

[www.bestowuponyou.org](http://www.bestowuponyou.org)

BESTOW Corp. | 10321 N. Pennsylvania Street, Indianapolis, IN 46280 | [info@bestowuponyou.org](mailto:info@bestowuponyou.org)

**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, TIMETABLE, TARGET POPULATION, GEOGRAPHIC AREAS SERVED, AND SUPPORTING STATISTICAL DATA. (1,250 WORDS MAX)**

OUTCOME EVALUATION METHODS – PLEASE EXPLAIN HOW THE RESULTS OF THE PROJECT WILL BE EVALUATED AND THE SYSTEMS AND METHODS THAT WILL BE USED FOR REPORTING OUTCOMES AND SUCCESS. (NUMERICAL, SUBJECTIVE, BOTH)

FUTURE FUNDING SOURCES – PLEASE PROVIDE A BRIEF EXPLANATION OF HOW THIS PROJECT WILL BE SUSTAINED WHEN THE GRANT MONEY HAS BEEN DEPLETED. (300 WORDS MAX)

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## APPROVAL

This Grant Submittal Form 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 Submittal Form for grant consideration by Bestow.

In addition, by signing this Grant Submittal Form, you agree to provide written correspondence to the Bestow Board Chair six (6) months following receipt of the awarded funds, conveying how the granted funds have been utilized and the innovation/change progress the grant has provided to the community.

We will request, if you are the major (largest) grant award winner, that you attend the following year Award Ceremony to provide a ten-minute (in person) presentation on how the BESTOWed funds were utilized.

EXECUTIVE DIRECTOR/CEO

DATE

BOARD CHAIR

DATE



10321 N. Pennsylvania Street  
Indianapolis, IN 46280

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