



Basic Needs Giving Partnership Regional Grant Application
(DEADLINE: February 15)

Grant Application Process at a Glance

Organizations must use this application when applying for a collaborative grant that involves the service areas of more than one of the regional community foundations. Regional collaborative grant applications will be considered **ONLY IN THE FEBRUARY 15 GRANT CYCLE**. Direct your questions and **submit completed initial application to the community foundation in whose service area the lead agency's main office is located**. The lead agency must be a 501(c)(3) tax-exempt charitable organization.

Name of lead agency*

* Lead agency must be a 501(c)(3) or other public charity.

EIN number

Community foundation service areas involved
 (Check all that apply)

- Community Foundation for the Fox Valley Region (email to bavandenbroek@cfoxvalley.org)
- Greater Green Bay Community Foundation (email to amberpaluch@ggbcf.org)
- Oshkosh Area Community Foundation (email to Amy Putzer amy@oshkoshareacf.org)

Grant contact's name

Grant contact's title

Grant contact's phone

Fax

Email

Other agencies

1)

5)

involved in collaboration

2)

6)

3)

7)

4)

8)

Section 1 – Proposal Overview

Project title

Project start date

End date for community foundation support

Total amount requested \$

Total project budget \$ (for multi-year request, use multi-year total)

List all counties served by this collaborative project

County	Number of clients served	% of total served
		%
		%
		%
		%
		%
		%

Project summary Describe your project in 2-3 concise sentences.

Project long-term objectives and measurement What are the project's objectives (list up to 3) and how will you measure whether you have achieved them?

- 1.
- 2.
- 3.

Total project budget List sources of revenue and types of expenses below. Identify the specific expense line items to which Community Foundation (CF) grant dollars would be applied.

Revenue	Total amount	Approved?	Expenses	Total amount	CF support
Community Foundation	\$ <u> 0</u>		Salaries/Benefits	\$ <u> </u>	\$ <u> </u>
Agency Contribution	\$ <u> </u>		Contracted Services (detail below)	\$ <u> </u>	\$ <u> </u>
Fees for Service	\$ <u> </u>		Supplies/Equip. (detail below)	\$ <u> </u>	\$ <u> </u>
Membership Dues	\$ <u> </u>		In-Kind Expenditures	\$ <u> 0</u>	\$ <u> </u>
In-Kind Contributions	\$ <u> </u>	If no, indicate decision date	Advertising	\$ <u> </u>	\$ <u> </u>
Grants/Other Funders (list)	\$ <u> </u>	Yes <input type="checkbox"/>	Printing	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	Yes <input type="checkbox"/>	Other (list)	\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	Yes <input type="checkbox"/>		\$ <u> </u>	\$ <u> </u>
	\$ <u> </u>	Yes <input type="checkbox"/>		\$ <u> </u>	\$ <u> </u>
Total	\$ 0		Total	\$ 0	\$ 0
	\$0			\$0	\$0
	Total should equal total project budget on pg 1			Total should equal total project budget on pg 1	Should equal total requested on pg 1

Project budget narrative Briefly explain revenue sources and expense details. Be specific about how grant dollars from the community foundations would be spent.

Section 2 – Collaborating Organizations

A copy of Section 2 must be completed in full by each collaborating organization.

Collaborating organization's name

Is organization a 501(c)(3) or other public charity? YES NO EIN number

Organization's address

Number full-time employees

Number of part-time employees

Number of volunteers

Grant contact's name

Grant contact's title

Grant contact's phone

Fax

Email

Organization's mission

Describe role in project
(include monetary, in-kind
and personnel contributions,
core responsibilities and how
project relates to your
mission)

Income statement Provide actual data for your organization's three most recently *completed* fiscal years, starting with the most recent. Data should reconcile with your audited financial statements. Organizations/divisions with a parent office should provide their specific operating budget for regional or local office.

Income statement	Total Revenue	Earned Income (i.e. program or membership fees)	Total Expenses	Surplus or (Deficit)
FY	\$	\$	\$	\$
FY	\$	\$	\$	\$
FY	\$	\$	\$	\$

Income statement narrative Briefly explain any operating deficits and indicate how the deficits were covered. If your organization has a substantial surplus that is not being used to support the proposed project, please explain.

Balance sheet Provide actual data for your organization's three most recently *completed* fiscal years, starting with the most recent. Data should reconcile with your audited financial statements.

Balance sheet	Cash (checking and savings)	Accounts Receivable	Current Liabilities	Loans
FY	\$	\$	\$	\$
FY	\$	\$	\$	\$
FY	\$	\$	\$	\$

Section 3 – Executive Summary

Describe your project in more detail. (maximum 2000 characters)

Answer the following questions (maximum 500 characters each):

What is the need for this project?

Who will benefit from the project and how?

What is the project timeline?

How does this project address one or more of the funding priorities of the Basic Needs Giving Partnership?

How does this project address the root causes of poverty?

How will the initiative be sustained in the future?

Optional: State any additional information you would like to provide.

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