

## GRANT PROPOSAL FORM

### ORGANIZATION INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Check Payable to (if different than above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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

**Classification of Organization:** Select only one of the following categories. If more than one applies, select the category your organization serves the most.

Arts & Culture    Community Development    Education    Environment    Health & Human Services    Youth Development

Board Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be different than contact name)

### CONTACT INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCIAL INFORMATION

Round figures to the nearest whole dollar.      Are you requesting funds for operating expenses?: Yes \_\_\_ No \_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_ % of Total Budget: \_\_\_\_\_

### BRIEF SUMMARY OF REQUEST

## ORGANIZATION'S MISSION STATEMENT

## EXPLANATION OF BENEFITS FROM GRANT

1. Who and how many are you projecting to serve? How will your program/project benefit them?

2. What method will be used to measure the benefits/impact of this request? (ie: survey, participant tracking, assessments)

3. How will this program/project strengthen your overall organization?

## OPERATING EXPENSES

Complete this section **ONLY** if requesting operating expenses and have checked "Yes" on Page 1. **Attach a copy of your operational budget**, which will be reviewed instead of the "Total Budget" and "Source of Funds" sections. **Do NOT complete Page 3.**

Is there a specific reason for your organization's financial shortage?

What has your organization done to address the financial shortage? (ie: cutbacks, reduction/elimination of services, etc.)

## TOTAL BUDGET

List the total budget for the entire program or project. Place the items requested from DeKalb County Community Foundation at the top of the list. Please round figures to the nearest whole dollar amount.

Expenses for Program/Project	\$ Amount	% of Total Budget
<b>Total Budget (Expenses for Program/Project)</b>		<b>100%</b>

## SOURCE OF FUNDS

List the source(s) where your program or project funds will come from. Please round figures to the nearest whole dollar amount.

Source of Funds	\$ Amount	% of Total Funds	Confirmed or Pending
<b>DeKalb County Community Foundation, Inc.</b>			<b>Pending</b>
Your organization's contributions (in-kind donations, volunteer hrs)			
<b>Total Source of Funds</b>		<b>100%</b>	

**\*\* TOTAL BUDGET and TOTAL SOURCE OF FUNDS amounts need to equal. \*\***

- ◆ If your organization is a 501(c) (3), please attach a copy of your IRS letter.
- ◆ If a grant is awarded, you will be required to submit a Final Grant Report within one year. Further detailed information will be included in the Grant Agreement Form.