

6500 Sugarloaf Parkway, Suite 220, Duluth, GA 30097 770-813-3380

2016 GRANT APPLICATION COVER SHEET

This completed and signed cover sheet MUST ACCOMPANY the final grant application.

Name of Organization:	
Address of Organization:	
Counties Served:	
Executive Director:	
Telephone Number: Emai	il Address:
Contact Person, Title, Telephone Number and Email:	(If other than Executive Director)
Project/Program Name:	
Grant Request Amount:	
Describe SPECIFICALLY how grant monies will be	used:
Total Project/Program Budget:	Funds Raised to Date:
☐ Sustainability Grant Request (up to \$5K) Small Capital Project	☐ Impact Grant Request (up to 25K)* Large Capital or Capacity Building Project Challenge Grants Available
Challenge Grants. A Challenge Grant allows your or to raise additional funds. For Example: A 2:1 Chall raise in new money, effectively making a \$10,000 gra	ndation is considering funding one or more matching rganization to leverage the Community Foundation Grant lenge Grant pays your organization \$1 for every \$2 you ant worth \$30,000 to your bottom line. If requested, your raise the challenge funds prior to December 31, 2016, ant applications.
Would you like to request a matching challenge grant	for your project? Yes No
If yes, what match ratio would be most beneficial to y	our organization's funding goal?
1:1 2:1	3:1

Signature of Director/Board Chair/President:



GRANT PROPOSAL GUIDELINES

The Grant Proposal shall not exceed five (5) pages. You must use each of four (4) headings that are listed below in the order listed and you must include the information requested under each heading. In addition, provide the documents listed in section 5. Grant Applications should be submitted via email in PDF format to kmiller@cfneg.org. Incomplete applications or those received in any other format will not be accepted for consideration.

1. ORGANIZATION BACKGROUND

- Your organization's mission, goals and purposes.
- Your organization's most recent activities.
- Collaborative activities with other organizations providing similar services.
- The population your organization serves.
- The staffing of your organization, both professional and support, full-time and part-time.
- Percentage of board who contribute monetarily to your organization.

2. PROJECT/PROGRAM PURPOSE AND DESCRIPTION

Project/Program objectives, as well as immediate and long term expected results.

3. PROJECT/PROGRAM IMPLEMENTATION

- The dollar amount you are requesting.
- Duration of the project/program.
- Populations served by this project/program.
- Any other organizations cooperating in this effort.
- Any ongoing sources of funding that will be available at the end of the project/program period.

4. RULES AND ACCOUNTABILITY

• Explain the methods for measuring the results of the project/program and evaluating its effectiveness.

5. ADDITIONAL ATTACHMENTS:

- A Copy of your 501(c)(3) letter.
- A Copy of your most recent annual report or organization brochure.
- A Copy of your most recent annual audit.
- Your organization's 2016 operating budget.
- Current budget for the proposed project/program. Include a detailed income and expense budget for the project/program, breaking out items proposed for Foundation funding and other sources. Differentiate between cash and in-kind support.
- The names and addresses of all trustees and/or board members.

If you have any questions regarding completing the Grant Application, please call the Foundation office at 770-813-3380.