**Wythe-Bland Foundation**

**Grant Application**

**Before completing this and other grant applications, be sure to:**

* Read all instructions thoroughly before beginning.
* Research and communicate with other funders – obtain a copy of funding

guidelines, deadlines and/or annual report. Be aware of each funder’s

preferred method of initial contact, and additional information required.

* Be strategic – make sure your goals, objectives, and amount requested match the criteria of the foundation.

**Applicant**

**Name of Organization:**

**Tax I.D. Number:**

**Legal Name** (as the identified by IRS):

*(if different than above)*

**Address: ­**

**Phone:**

**Fax:**

**E-mail:**      

**Website:**

**Executive Director:**

**Primary Contact:**

*(foundation contact; grants will be addressed to this individual)*

**Title:**

**Phone:**      

**Fax:**

**Current Board President:**

**Current Board Members:**

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**IRS nonprofit designation?**

**Yes**

**No** *(If no, name of fiscal agent)*

**Form 1023-EZ used to obtain a 501(c)(3) Designation?**

**Yes** *(If yes, please provide copy of Form 1023-EZ)*

**No**

**Government Entity?**

**Yes**

**No**

**Applicant financial reporting:**

**Fiscal Year:**

**Yes Start Date:**       **End Date:**

**No**

**Calender Year:** *(January 1 – December 31)*

**Yes**

**No**

**Total Organizational Operating Budget for 1 year:**

**Other than the Wythe-Bland Foundation, list of three largest funders for your operating budget in the last fiscal year and amount of funding.**

|  |  |
| --- | --- |
| **1. Funder** | **Amount funded:** |
| **2. Funder** | **Amount funded:** |
| **3. Funder** | **Amount funded:** |

**State your organization’s Mission Statement,** *(if none, state your mission)*:

**Is this request being submitted exclusively to the Foundation?**

**Yes**

**No** *(If no, attach additional funding source(s) information)*

**Project**

**Name of Project:**

**Summarize your proposal and how it fits with the Foundation’s mission and grantmaking priorities**:

**Has the project been approved by the governing body of your organization?**

**Yes**

**No**

**Date of approval:**

**Total Project Budget:**

**Amount requested from foundation: *(Round to the nearest hundreds)***

**Other project funding sources:**

**Percent of total project requested from foundation:**      %

**Duration of grant requested project:**       Months

(Provide justification if project exceeds 12 months)

**Project Starting Date:**      

**Project Ending Date:**

**How would you request grant funding be advanced?** (Normal funding advances are made 1/3 grant amount at the execution of the grant agreement, 1/3 upson submission of the mid-term report, and final payment at completion of project and submission and approval of the final report).      

**If other method of funding is requested, other than normal advnaces, please provide justification:**      

**AGREEMENT**

*I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. The Wythe-Bland Foundation requires that you certify your application by submitting an electronic signature. To certfiy your application, read the text below and provide an electronic signature (type your name) and check box to confirm your signature*

Enter Electronic Signature:         \*Signature Box:

(Type your full name here)

Date:

**Feasibility Report**

1. **Existing Service.** Briefly describe what service you currently provide or how service is currently provided.

1. **Proposed Project.** Describe the proposed project and provide a description how foundation grant funds will be used.

1. **Need for the Project.**  Indicate why the proposed project is needed and what will be different from the date prior to grant award and once your project is complete.

1. **Sustainability.**  Identify how this project is going to be sustained in the future.

1. **Service Area.** Indicate what area the proposed project will serve and, if known, the population or number of families to be served.

1. **Organizational Income.** List the sources and estimate the amount of expected revenue for a typical year*. (This table or other format that contains similar information may be used and attached).*

|  |  |
| --- | --- |
| **Entity/Source** | **Amount of Funds** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

1. **Organizational Operating History.** If you have operated a similar program, attach audits, financial statement, or lists of income and expenses for the past year. *(This table or other format that contains similar information may be used and attached).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Income** | **Line Item** | **Expense** |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |

1. **Part A: Project Cost Estimate.**

Construction ……………….…………………………………………… $

Real estate ………………………………………………………………. $

Administrative costs ………………………………………………….. $

Professional fees ………………………………………………………. $

Equipment Purchase ……………………………………………………. $

Other (describe) ………………………………………………………….. $

**Total:** ………………………………………………………………………. $

**Part B:** Provide a breakdown in project related costs and itemize how *foundation* funds requested will be used.*(This table or other format that contains similar information may be used and attached).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Project Cost** | **WBF Grant** | **Other Funds** | **Total** |
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**PROJECT CALENDAR**

**MONTH/YEAR Explanation if Necessary** *(one sentence, or less)*

**October**

**November**

**December**

**January**

**Feburary**

**March**

**April**

**May**

**June**

**July**

**August**

**September**

**October**

**November**

**December**

**Budget Form**

**Overview:** An important component of your grant application is the preparation of a detailed project budget and budget narrative. *(This form or other format that contains similar information may be used).*

**Line-Item Budget Guidelines**

* The line-item budget should *include all income and expenses associated with the proposed* project. Please note that not every line-item applies to every project.
* Projected Operating Budget to be completed for three years beginning with the first year of grant award.

|  |  |  |  |
| --- | --- | --- | --- |
| **Income** | **Year 1** | **Year 2** | **Year 3** |
| Foundations | $ | $ | $ |
| Other Grants | $ | $ | $ |
| Earned Income | $ | $ | $ |
| Interest Income | $ | $ | $ |
| **Total Revenue:** | $ | $ | $ |
|  | | | |
| **Expenses** |  |  |  |
| Salary Wages and Benefits | $ | $ | $ |
| Insurance | $ | $ | $ |
| Professional Fees | $ | $ | $ |
| Equipment | $ | $ | $ |
| Supplies | $ | $ | $ |
| Debt Service | $ | $ | $ |
| Other Expenses | $ | $ | $ |
| **Total Expenses:** | $ | $ | $ |
|  | | | |
| **Net Income** | $ | $ | $ |

**Three Year Projected Total Organizational Project Income and Expense Statement**

**Project Outcome and Objectives**

(Use the SMART approach for the creation of your measurable outcome and objectives. SMART is an acronym that stands for Specific, Measurable, Achievable (or Attainable), Relevant (or Realistic), and Time- bound).

**GRANT DATE:**       **AGENCY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Outcome Objectives** | **Indicators/**  **Measures** | **Target/**  **Benchmark** | **Baseline** | **Conditions/**  **Limitations** | **Data Source/**  **Collection** | **Results & Comments** |
| *Measurable result established for project* | *What is being measured* | *Degree of change expected* | *Starting point or standard* | *Criteria for inclusion; describe & define group or project* | *Where data will come from & how/when collected* | *Your results; brief comments on challenges/problems* |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
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**Previous Wythe-Bland Foundation Funding**

*Provide a list that includes grant cycle award date and purpose, of all previous funding received from Wythe-Bland Foundation*

|  |  |  |
| --- | --- | --- |
| **Date** | **Project** | **Amount of Funds** |
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|  |  | $ |

**Application Checklist**

*(Forms necessary for an application to be considered complete)*

Grant Application form

IRS Nonprofit Designation Letter\* *(N/A for government entities)*

Certificate of Good Standing State Corporation Commission *(N/A for government entities)*

Feasibility Report

Itemization of Items to be Purchased with Grant Funds

Budget Form

Project Outcomes and Objectives

Articles of Incorporation\* *(N/A for government entities)*

Bylaws\* *(N/A for government entities)*

Audits or Financial Statements from the Previous Year

\**If your organization has previously submitted a copy to the Foundation, and they remain unchanged, no submission is necessary.*