

Common Grant Application Format

Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, leaving flexibility for length of responses

A. Narrative

1. **Executive Summary:** Explain briefly, in one page or less, why your organization is requesting this grant, what outcomes are desired and how the grant will be spent.
2. **Purpose of Grant**
 - State the need or problem that the grant will address; describe the target population and the benefit they will receive
 - Describe the project goals, measurable objectives, action plans and state whether this is a new or ongoing part of the organization
 - Define the timetable for implementation
 - List other partners in the project and describe their roles
 - Acknowledge similar, existing projects or agencies, if any, and explain how your agency or proposal differs, and if efforts are being made to work cooperatively
 - Describe the qualifications of key staff/volunteers that will ensure the success of the program. Define any specific staff training needs for this project
 - Describe the long-term strategies for funding of this project
3. **Evaluation**
 - How will success of the project/program be defined and measured?
 - How will evaluation results be used and disseminated, and, if appropriate, how will the project be replicated?
 - Describe how the constituents will be involved in the evaluation
4. **Budget Narrative/Justification:** Use the Grant Budget Format that follows
 - On a separate sheet, explain how each budget item relates to the project and how the budgeted amount was calculated
 - List amounts requested of other foundations, corporations, and other funding sources for the support of this proposal
 - If we are unable to meet your full request, please indicate priority items in the proposed budget
5. **Organization Information**
 - Provide a brief summary of the organization's history
 - State the organization's mission and goals
 - Describe current programs, activities and accomplishments
 - Provide an organizational chart including board, staff, and volunteer involvement

B. Attachments

1. Copy of current IRS determination letter indicating 501(c)(3) tax exempt status
2. Board of Directors with affiliations
3. Finances: Please send current operating budget, including expenses and revenue, and most recent financial statement (independently audited, if available; if not then attach Form 990)
4. Letters of Support (optional): 2 to 3, verifying need for project and collaboration with other organizations
5. Annual Report, if available



Grant Application Cover Sheet

Date of Application _____

Legal Name of Organization Applying
(Should be same as IRS determination letter and as noted on IRS Form 990)

EIN# _____

Year Founded _____

Current Operation Budget

Executive Director

Phone Number _____

Email _____

Contact Person, Title, and Phone Number
(If different from Executive Director)

Office Address

City, State, ZIP

Fax Number _____

Email _____

List any previous support from Dawn Corporate Giving and/or Dawn Foods Foundation in the last 2 years

Project Name

Purpose of Grant
(in one sentence)

Desired Project Outcome/Measurables

Dates of Project _____

Amount Requested _____

Total Project Cost _____

Will you accept partial funding? _____

Geographic Area/Population Served

Signature - Chair, Board of Directors

Print Name

Date

Signature - Executive Director

Print Name

Date



Grant Budget Form

Below is a list of standard budget items. Please provide the project budget in this format and in this order.

A. Organization Fiscal Year _____

B. Budget Time Period _____

C. For a capital request, substitute your format for listing expenses. These will likely include architectural fees, land/building purchase, construction costs, and campaign expenses.

D. Expenses: include a description and the total amount for each of the following budget categories, in this order:

	Amount requested from Dawn Corporate Giving	Total Project Expenses
Salaries	_____	_____
Payroll Taxes	_____	_____
Fringe Benefits	_____	_____
Consultant/Professional Fees	_____	_____
Insurance	_____	_____
Travel	_____	_____
Equipment	_____	_____
Supplies	_____	_____
Printing/Copying	_____	_____
Telephone/Fax	_____	_____
Postage/Delivery	_____	_____
Rent	_____	_____
Utilities	_____	_____
Maintenance	_____	_____
Evaluation	_____	_____
Marketing	_____	_____
Other (Please specify)	_____	_____
TOTAL AMOUNT REQUESTED	_____	_____

E. Revenue: include a description and the total amount for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

	Committed	Pending
1. Grants/Contracts/Contributions	_____	_____
Local Government	_____	_____
Foundations (itemize)	_____	_____
State Government	_____	_____
Federal Government	_____	_____
Corporations (itemize)	_____	_____
Other (Please specify)	_____	_____
2. Earned Income	_____	_____
Events	_____	_____
Publications & Products	_____	_____
Membership Income	_____	_____
3. In-Kind Support	_____	_____
4. Other (Please specify)	_____	_____
TOTAL REVENUE	_____	_____