



WATERTOWN AREA COMMUNITY FOUNDATION GIVING BACK 365 GRANT APPLICATION

ORGANIZATION

Name

Organization's Founding Date

Address

Executive Director, CEO (if any)

Telephone

Board Chairperson (if any)

Grant Application Contact Person

Total Annual Operating Budget

Contact Person's Email Address

EIN/Tax ID #

Mission/Purpose of Organization:

Major Sources Of Operating Funds (by %):

AFFILIATIONS

Organization is affiliated with a national or other organization and uses their EIN/Tax ID#:

Yes No (Example: Local Chapter Of March Of Dimes)

Name of National or Other Organization (if applicable): _____

PROJECT

Purpose: Cultural Educational Human Services Health Environment Other

Briefly describe the project and list two benefits your program would have as a result of this grant:

Specifically, how would the Watertown Area Community Foundation funds be used?

Describe the number and type of persons who will be served by this grant:

PROJECT (cont.)

Projected lifetime of item to be purchased (if applicable): _____

Date by which you need a response: _____ Anticipated project period: _____

If ongoing, how will it be financed in the future? _____

To what extent are you duplicating other services provided? _____

To what extent are you complementing other services provided? _____

Have you submitted a proposal for funding to any other granting sources? ___ Yes ___ No

If yes, list amounts and sources (include total below¹): _____

If no, please explain: _____

Have you currently secured funding in terms of pledges or commitments? ___ Yes ___ No

If yes, list amounts and sources (include total below²): _____

TOTAL PROJECT COST: \$ _____

Total amount of additional funding sought from other granting sources¹: \$ _____

Total amount of additional funding secured through pledges and commitments²: \$ _____

TOTAL amount requested from the WACF Giving Back 365 Program: \$ _____

CERTIFICATION

By signing this document, I, _____ attest that, to the best of my knowledge, the information is true and accurate.

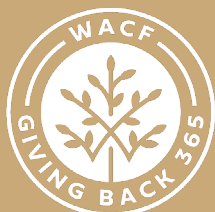
Signature

Date

SUPPLEMENTAL INFORMATION

Below is a checklist of supplemental information that **MUST** be included in order for your grant request to be reviewed:

- Are you a 501 © (3) organization? ___ Yes ___ No
- If you are a 501 © (3) organization, please provide a copy of 501©(3) Determination Letter from IRS
If you are a church, school or government entity, and are not required to have a 501©(3) Determination Letter, please provide other proof that you are tax-exempt and are an active organization (Example: recent church bulletin)
- List of Board Members, Advisory Board/Committee or Other Governing Body (may be provided via attached literature)
- % of current Board Members that make an annual financial contribution to your organization
- A copy of your most recent Form 990 tax return
- Other supporting documents (one-page narrative which includes description, budget, and current sources of funding)
- A budget for your organization and/or the grant application project.



WATERTOWN AREA COMMUNITY FOUNDATION

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