WATERTOWN AREA
COMMUNITY FOUNDATION

GRANT APPLICATION

ORGANIZATION

Name

Address

Telephone

Grant Application Contact Person

Contact Person's Email Address

Organization's Founding Date

Executive Director, CEO *(if any)*

Board Chairperson *(if any)*

Total Annual Operating Budget

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 below[1])*: _____

If no, please explain: _____

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

If yes, list amounts and sources *(include total below[2])*: _____

TOTAL PROJECT COST: $ _____

Total amount of additional funding sought from other granting sources[1]: $ _____

Total amount of additional funding secured through pledges and committments[2]: $ _____

TOTAL amount requested from the Watertown Area Community Foundation: $ _____

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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