



Contact Information

Date of Application: _____

Tax ID: _____

Legal Name of Applying Organization: _____

(Should be same as on IRS determination letter and as supplied on IRS Form 990) Is your organization a 501(c)3? Yes No

Year Founded: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Organization Website: _____

Executive Director: _____

Title: _____

Phone Number: _____

Email: _____

Contact Person (if different): _____

Title: _____

Phone Number: _____

Email: _____

Board of Directors and Titles:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Board Chair: _____

Phone Number: _____

Email: _____

Proposal Request

Project Name: _____

Purpose of Grant: _____

Amount Requested: \$ _____ **Total Project Cost:** \$ _____ **Total Operating:** \$ _____

(amount requested for project)

(total cost of the project)

(total annual/operating budget for organization)

Geographic Area Served: _____

What is the time frame for the project? _____

What would you do with partial funding? _____

When is the grant needed? _____

Is this a multi-year program/request? ___ Yes ___ No **If so, how many years?** _____

Budget Format

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

A. Total annual budget: _____

B. Time period this budget covers: _____

C. Expenses

TITLE	PROJECT	TOTAL ANNUAL OPERATING BUDGET
Salaries/Compensation:	_____	_____
Roles of paid staff members:	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Consultants/Professional Fees:	_____	_____
Insurance:	_____	_____
Travel:	_____	_____
Equipment:	_____	_____
Office Supplies:	_____	_____
Location/Office:	_____	_____
Marketing:	_____	_____
Other (specify):	_____	_____
	_____	_____

Total Requested: \$ _____ **Total Operating Expenses:** \$ _____

Sources of Funding

	Committed	Pending
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations	\$ _____	\$ _____
Corporations	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. In-kind Support	\$ _____	\$ _____
3. Other (specify)	\$ _____	\$ _____
Total Revenue*	\$ _____	\$ _____

Note: The total revenue from committed sources and pending sources must be equal to the projected budget for your project.

Signatures

Chairperson, Board of Directors: _____ Date: _____

Executive Director: _____ Date: _____

Additional Items Required

Please email the following to hurstfdn@gmail.com

- Summary: In 500 words or less describe your request and purpose for funds. Please include the following:
 - Benefits to the community
 - Any collaborative partnerships, including organizations with similar targets
 - Plans to become self sustaining
- Current year's annual budget and comparison to actual
- Letter of 501(c)3 designation
- Optional: Letters of support
- Additional information may be requested

