

Grant Application

Submission Instructions:

This form was designed with startup and smaller organizations in mind. If the Applicant already is a well-established organization, some of the items below may be inapplicable. If that is the case, please so state. If you decline to provide one or more items of information requested due to proprietary or confidentiality reasons, please so state. If more space is needed to provide information requested (e.g., your mission statement), please attach additional pages and so indicate below.

Contact Informatio	n:		
Organization name	···		
Contact Persons*:			
Position:			
Email:			
Phone:			
About Your Organ	zation:		
Legal name of orga	anization:		
Year established:			
Tax ID Number:			
Mailing address:			
Mission Statemen	 ::		



	Brief description of programs and activities:
	Website (if applicable):
a.	cant Details:
G.	Grant amount requested (up to \$50,000):
	Purpose of the grant (a brief executive summary):



CALEGRIA EDUCATION				
Specific project or program:				
Expected Start Date, if any, and End Date of project/program (if the project/program is continuous widdate, so state):	thout an end			
Target Beneficiaries: (Use additional pages if necessary, and repeat the question along with the answer	er).			
Describe the population this project/program intends to help, including demographic information.				

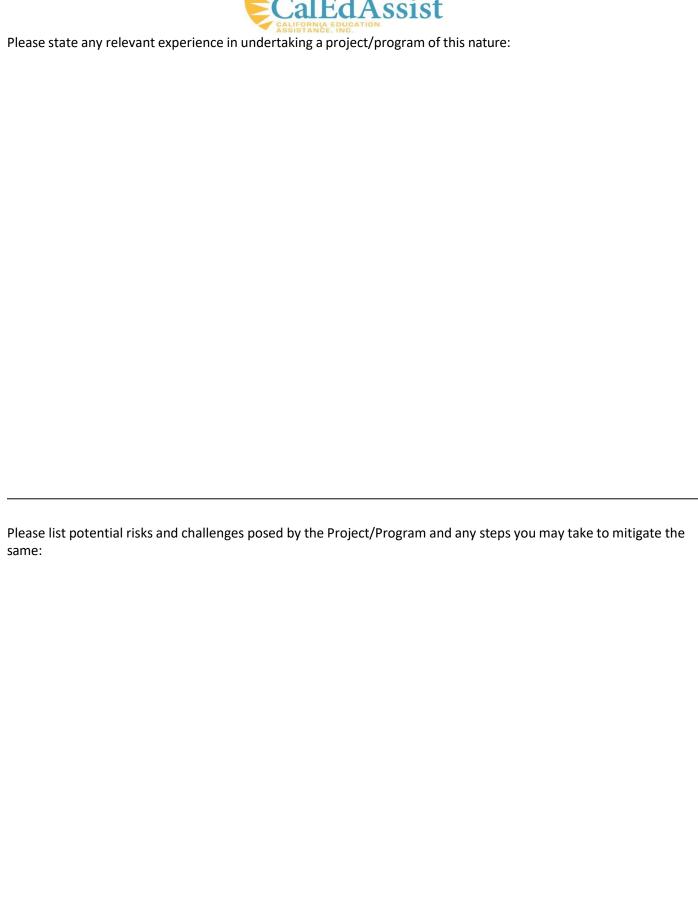


evaluation, and why this funding is needed.	ntation, and
udget and Funding:	
udget and Funding: Total project/program budget:	
Total project/program budget:	much and when:
Total project/program budget: Funding sources (including requested grant) [List funding sources]:	much and when:
Total project/program budget: Funding sources (including requested grant) [List funding sources]:	much and when:
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Total project/program budget: Funding sources (including requested grant) [List funding sources]:	



etrics: Provide clear,	measurable outcomes and indicators	of success, if available,	in an attachment:	
evious Grant	History (if any):			
	received from grant providers (othe act person's information:	r than individuals) in the	e past 3 years, including so	cope of work







Does any person employed by or affiliated with your organization or any other organization with which such person is affiliated have a financial interest in the Project/Program (other than reasonable compensation for services rendered as an employee)?

Does your organization have a written statement of ethical standards to which your officers, managers, staff, consultants and governing body is held? If so, please attach the same.

Please propose a plan for monitoring progress and evaluating the project's impact:

Attachments:

- Budget Proposal
- Project/Program Timeline
- IRS Tax-Exempt Determination Letter
- Most recent unaudited financial statements OR, if the organization's gross annual revenue for the most recent fiscal year exceeded \$2 million, then the most recent audited financial statements.
- Most recent filed Form 990.
- Any additional supporting documents, including letters of support.
- The names and contact information of any references you would like to provide:



Certification: I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

Signature:		
Title:		
Date:		

* Please provide contact information for the person who will execute the Grant Agreement on behalf of your organization and a person whom we may contact for more information.

Please submit this completed form along with the requested attachments to Sheryl Levy, Program Director, at slevy@caledassist.org. Ms. Levy will also be available to answer any questions you might have, and she may contact you for additional information.