Guidestar Full Application

Before You Begin

Online Application Instructions

1. Navigate through the application by using the Page Title tabs at the top of the screen or the Next button at the bottom of the page. Do not use the browser's back or forward keys.

2. You may save your work and return to it at any time by clicking the Save and Finish Later button at the bottom of the screen. You will receive an e-mail notification with information about how to return to the saved draft.

3. An asterisk indicates a required field. The blue i button offers additional information. The red check symbol to the right of a text box means that a spell-check feature is available.

4. Word count limits are shown at the bottom of some fields. Do not feel that you need to use all the space available.

5. You have an opportunity to review your completed Inquiry or Full Application on the final page. Select the Submit button to send it to the Foundation. You will receive an e-mail notification with a copy of the application.

Organization Information

General Information

Tax ID
Required for all 501(c)(3) organizations

Organization Name

Legal Name (if different)

Address

City   State
            - Select One -

Zip Code

Phone Number
Fomat: 999-999-9999

Web Address

Fiscal Agent Information (if applicable)

Organization Name

Fiscal Agent Contact Information
Please list the first and last name of the contact person for the fiscal agent organization.

Fiscal Agent Phone

Tax ID

Organization Background Information

Organization's Annual Operating Budget   Incorporation Year
Fomat: $100,000

Number of Full-Time Employees

Number of Part-Time Employees

Number of Board Members

Number of Volunteers

Mission statement approved by the board.

Brief background/history of organization

Brief description of organization's primary current programs

Geographic Area Served Narrative

Geographic area served by the organization

Population(s) served by the *organization*

Fiscal Year Start Date

     Fiscal Year End Date

Contrib Gifts Grants

     Program Expenses

Program Service Revenue

     Administration Expenses

Membership Dues

     Fundraising Expenses

Special Events Net Income

     Payments to Affiliates

Other Revenue

     Other Expenses Description

Total Revenue

     Total Expenses

Total Assets

Total Liabilities

Net Assets Fund Balance EOY

Funding history, including both public and private funds

Indicate proportions of funding from specific sources and mention any significant changes in this area.

Additional information, if any, you would like us to know about the organization

Contact Information

Executive Director or Head of Organization

Prefix   First Name
- Select One -

    Last Name

Title
    E-mail

Office Phone
Fomat: 999-999-9999

    Extension

Request Primary Contact

The Foundation will contact this person with any questions or correspondence related to this proposal.

Same as Executive Director or Head of Organization entered above
No

Prefix   First Name
- Select One -

    Last Name

Title
    E-mail

Office Phone

Fomat: 999-999-9999

Extension

Request/Project Information

Project Information

Title of Request/Project
Indicate project title or operating support or capital request

Amount Requested
Format: $10,000

Total Project Budget
Enter organization budget if requesting operating support. Format: $100,000

Brief description of the project and proposed use of funds

Number of people served by project

Describe the targeted population served by the project

Geographic area of people served by the project

Project Time frame
Indicate the project beginning and end dates or that the project is ongoing.

Project Details

Please address the following details about your proposal. For operating support grants, indicate the overall goals and objectives for the organization during the grant year.

NEED:
Discuss the need or issue that the project addresses

OUTCOMES:
Describe the overall goal and specific desired outcomes of the project. We will ask that you report on progress toward these objectives in your final report.

IMPLEMENTATION:
Outline the activities, strategies, timetable for achieving the desired results

MEASUREMENT:
Describe the plans for assessing progress and criteria used for measuring effectiveness

CAPACITY:
Describe your organization's ability to carry out the work, including specific strengths or concerns

PARTNERS: Indicate other public and private organizations that are involved and the nature of their involvement

SUSTAINABILITY:
Once the grant period has ended, will the project continue? If so, what are the plans to sustain the project and share lessons learned?

Grants from other foundations
List grants pending and received for the project or for operating support. Include name of foundation, amount, and purpose.

Optional Project Attachment
A file with charts, photos, or maps can be uploaded here, if it is helpful to understanding the project.

Acknowledgment

Please type your name below once you have determined the following to be true:

- The board of directors has authorized filing of this request
- The information is true and correct to the best of your knowledge
- You are an authorized representative of the organization

Attachments

Attachments

List of board of directors
Please include employment and/or community affiliations

Most recent financial statement
Most recent audit or Balance Sheet

Current organization operating budget

Please include current fiscal year revenue and expenses, previous fiscal year budgeted, and previous fiscal year actual.

Detailed project budget

Required for non-operating support requests. The budget should include projected expenses and sources of committed and anticipated revenue. Note specific sources and amounts of any pending funding requests. A budget narrative may be included as needed.

501(c)(3) IRS determination letter

Required for all 501(c)(3) organizations

501(c)(3) IRS determination letter of fiscal agent

Required if using a fiscal agent

Letters of agreement and/or support

If applicable include a letter of support from the collaborating organization. Requests to work with schools should include a letter from the school.

Additional Information

If any of the attachments require explanation, please provide the details below.