

JCPC FOUNDATION

GRANT APPLICATION

I) COVER SHEET (Please use this format to create a one-page cover sheet)

Date of Application: _____ Year Organization Founded: _____

Organization Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Organization web site: _____

Principal Officer: _____

Contact Person & Title (if not Principal): _____

Grant Request: _____ Period Grant Will Cover: _____

Summarize the Organization's Mission (2 to 3 sentences): _____

Summary of Project or Grant Request (include goals and objectives): _____

II) NARRATIVE (maximum of 3 pages)

- a) Briefly describe your organization's current programs and activities
- b) Describe the goals and objectives of this request.

III) ATTACHMENTS (Supply everything below)

- a) Evaluation: Briefly describe your plan for evaluating the success of the project.. How will the evaluation results be used?
- b) Organizational Structure/Administration
 - 1. Briefly describe how your organization works:
 - 2. Who will be involved in carrying out the plans outlined in this request?
- c) Finances
 - 1. Organization's current annual operating budget. (See attached if needed)
 - 2. Current project budget (See attached if needed).
 - 3. List individually other funding sources for this request. Include amounts and whether received, committed or projected/ pending.
 - 4. Describe your plans for future fund raising.
 - 5. A copy of your IRS 501 (c) (3) letter

Guidelines for Applicants

By US Postal:

Send 4 complete copies: cover sheet, proposal and attachments to the following address:

JCPC Foundation

P.O.Box 1507

Brookfield WI. 53008-1507

Binders or folders are accepted.

By e-mail:

Send application and appropriate PDF files to: contact@JCPCFoundation.org.

IV) BUDGET

If you already prepare organizational and project budgets that approximate this format, please feel free to submit them in their original forms. You may want to reproduce this form on your computer and /or submit separate pages for income and expenses.

Budget for the period: _____ to: _____

	Expenses		Income
Item	Amount	Source	Amount
Salaries & Wages	\$	Government grants	\$
Fringe Benefits & Payroll Taxes		Contracts	
Consultants & Professional fees		Foundations	
Travel		Corporations	
Equipment		Religious Institutions	
Supplies		United Way	
Training		Federal Campaign	
Printing & copying		Individual contributions	
Telephone & fax		Membership Income	
Postage & delivery		In- Kind support	
Rent & utilities		Other (earned income, consulting fees, etc.)	
In- Kind expenses			
Other			
Total Expenses		Total Income	

Balance \$ _____