

Application must be typed

Description of Organization

Organization \_\_\_\_\_

Address \_\_\_\_\_

Executive Director (Title if different) \_\_\_\_\_

Phone # / Ext # \_\_\_\_\_ E-mail address \_\_\_\_\_

Total annual organizational operating budget and beginning date of fiscal year \_\_\_\_\_

Number of staff in the organization (how many full and part-time) \_\_\_\_\_FT \_\_\_\_\_PT

Do you receive funding from a United Way?  Yes  No

If yes, which United Way? \_\_\_\_\_ Annual allocation received? \_\_\_\_\_

List your organization’s major programs and number of clients served. (Define units of services provided.)  
Attach a separate sheet if necessary.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If your organization provides services at more than one location, please list them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fiscal sponsor (if your organization is not a 501(c)(3)) \_\_\_\_\_

- Refer to and complete the Fiscal Sponsor’s Information form.

**PROPOSAL SUMMARY**

Organization \_\_\_\_\_ Date \_\_\_\_\_

Executive Director \_\_\_\_\_

Tel. # and ext: \_\_\_\_\_ E-mail \_\_\_\_\_

Contact person and title if different than above \_\_\_\_\_

E-mail \_\_\_\_\_ Tel. # and ext: \_\_\_\_\_

Project title \_\_\_\_\_

Amount requested \_\_\_\_\_ Total budget of the project \_\_\_\_\_

In the space below, summarize your proposal (Executive Summary). If necessary, add **one** more sheet.

## PROJECT BUDGET

### LIST YOUR FUNDING SOURCES AND PROJECTED REVENUE

- **Attach a Budget Narrative** (Questions? Call the Foundation at 513-863-1717.)

Organization \_\_\_\_\_

Project Title \_\_\_\_\_ Grant Request \_\_\_\_\_

<b>Item</b> List personnel first and then non-personnel items.	<b>\$ requested from HCF</b>  (Column A)	<b>\$ from other funders</b> <i>List other funders on a separate page</i> (Column B)	<b>Amount budgeted from your agency</b>  (Column C)	<b>Total proposed budget</b>  (Add Columns A+B+C)
<b>TOTAL</b>				

## PROJECT OVERVIEW

Organization \_\_\_\_\_ Date \_\_\_\_\_

Project Title \_\_\_\_\_

Project Goal \_\_\_\_\_

Where appropriate, include your assumptions in parentheses.

Precipitating Factors	Resources	Activities	Outputs	Short & Intermediate Outcomes	Impact
Background and research:	In order to accomplish our set of activities, we need the following:	In order to address this issue, we will perform the following activities:	We expect that the activities will produce the following service deliveries:	We expect that the activities will lead to the following changes in 1 to 2 years:	Changes in 3 to 5 years:
<b>Environment</b> Factors affecting each situation:					