

Grant Application

Thank you for your interest in Wichita Falls Area Community Foundation's Unrestricted Grant Cycle. Awards will be made during 1<sup>st</sup> quarter of each year. If you have questions, please contact us at <u>wfacf@wfacf.org</u> or 940.766.0829.

#### Please Note:

1. Your organization **MUST BE** a valid, current 501(c)**3** nonprofit organization to apply for a grant through the Wichita Falls Area Community Foundation Unrestricted Grant Cycle.

2. There is a one year time period between grants funded.

3. Applications will not be accepted electronically. It is the applicant's responsibility to print and submit grant application, copies, and all supporting documents as noted below.

4. All documents must be 3 hole punched and not stapled or in binders.

5. Provide one original and 8 copies of grant application for sections 1-7.

6. Provide <u>one</u> copy of all supporting documents noted in Section 8.

Please send all documents noted above to the following address: Wichita Falls Area Community Foundation 2405 Kell Blvd, Ste 100 Wichita Falls, TX 76308 Attn: Program Manager



Page **1** of **7** 

Section 1 – Applicant Information							
Organization Name:		Date submit	ted:				
Physical Address:	City:	State:	Zip:				
Mailing Address:	City:	State:	Zip:				
Email:	Phone:						
EIN or Federal TAX I.D.#:	Are you a 501(c)3	Organizatior	1?				
Executive Director/President:							
Contact Person for this Grant:							
Contact Person Title:	Email:	Phone	e:				
Person Responsible for Project/Program:							

Grant Amount Requested:

Please list the history of your organization's grants received from the Wichita Falls Area Community Foundation:

Date Grant Received	Grant Amount	Project Funded



# Date submitted:

### Section 2 – Organizational Overview

History and description of your organization:

Primary purpose and programs provided by your organization:

Geographic areas served by your organization:

1,000 character limit

1,000 character limit

1,000 character limit

Page **2** of **7** 



Date submitted:

### <u>Section 3 – Nature of Request and Project Description:</u>

Name of Project or Program:

Amount Requested:

Total Budget for <u>this</u> Project:

Description of Project/Program:

Needs addressed and principal goals

Description of target population to be served

1,000 character limit

1,000 character limit

1,000 character limit

Page 3 of 7



## Date submitted:

Section 4 – Measures of Success:

What are the objectives of this project:

What are the anticipated benefits:

What is the work plan and timeline for completion?

1,000 character limit

1,000 character limit

1,000 character limit

Page 4 of 7



Organization Name:	Date submitte	Date submitted:		
<u>Section 5 – Evaluation</u> Describe the evaluation process to be used for this project:		850 character limit		
Describe the on-going funding for this project:		500 character limit		
Does your organization participate in Texoma Gives:	YES	NO		
<u>Section 6 – Financial Information</u>				
Organization's Total Operating Budget for Current Year: Does your organization have an Operational Endowment:	YES	NO		
Please provide a copy of your past 2 month's financial state comparison.	ments including y	ear to year		

In addition, please provide the following information from your last 2 year's Tax Form 990 information.

Page 5 of 7

#### 990 Tax Form Information.

Information provided on this report must be verifiable by 990 tax report.

If you are an individual organization and file a 990 tax report for your organization, please complete the "Local" columns only. If you have a parent or corporate organization that you report financial information to and they file the 990 tax report, you must complete both the "Local" and "State/National" columns for each year so that the committee can see what is reported to the IRS as a whole, and what portion of that is on a local level.

Form 990 Information for	Latest Fiscal Year End:				Prior Fiscal Year End:			
Income:	Local	%	State/National	%	Local	%	State/National	%
Contributions, Gifts, Grants								
Program Service Revenue								
Membership Dues/Assessments								
Interest on Savings								
Dividends/Interest on Securities								
Net Rental Income/Loss								
Other Investment Income								
Sale of Assets Gain/Loss								
Net Income-Fundraising Events								
Gross Profit/Loss from Sales								
Other Revenue								
Total Income								
Expenses:								
Program Services								
Management and General								
Fund Raising								
Payments to Affiliates				1				
Total Expenses								
Excess (Deficit) for Year								

Date submitted:



### Date submitted:

### Section 7 – Verification and Board Approval

We, the undersigned, as representatives of the applicant organization, certify the following:

- The organization's status as a Section 501(c)3 tax-exempt nonprofit charitable organization or as a government entity is intact.
- The mission, purpose, character and method of operation of the applicant organization have not changed since the date of the organization's IRS ruling letter.
- The description of the project or program for which funding is sought, and all information about the organization, are to the best of our knowledge and belief, complete and correct.
- There have been no material changes in the financial condition of the applicant since the date of the last financial statements submitted with this application.
- The governing board of this organization has authorized this application and if a grant is awarded, will execute the program supported by the grant in accordance with the application and all local, state, and federal laws.

Print Name:	Signature:	Date:
Executive Director/President		
Board Chairman		

#### Section 8 – Supporting Documents

Please provide <u>one</u> copy of the following documents with grant application:

- Organization's 501c3 IRS Letter of Determination
- Organization's Board Members' names, occupations and affiliations
- Qualifications and salaries of key personnel
- Last two months financial statements including year to year comparison
- Latest audited financial statement

Page 7 of 7