



Grant Application

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



Section 1 – Applicant Information

Organization Name: _____ Date submitted: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

EIN or Federal TAX I.D.#: _____ Are you a 501(c)3 Organization? _____

Executive Director/President: _____

Contact Person for this Grant: _____

Contact Person Title: _____ Email: _____ Phone: _____

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



Organization Name:

Date submitted:

Section 2 – Organizational Overview

History and description of your organization:

1,000 character limit

Primary purpose and programs provided by your organization:

1,000 character limit

Geographic areas served by your organization:

1,000 character limit



Organization Name:

Date submitted:

Section 3 – Nature of Request and Project Description:

Name of Project or Program:

Amount Requested:

Total Budget for this Project:

Description of Project/Program:

1,000 character limit

Needs addressed and principal goals

1,000 character limit

Description of target population to be served

1,000 character limit



Organization Name:

Date submitted:

Section 4 – Measures of Success:

What are the objectives of this project:

1,000 character limit

What are the anticipated benefits:

1,000 character limit

What is the work plan and timeline for completion?

1,000 character limit



Organization Name:

Date submitted:

Section 5 – Evaluation

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

Section 6 – Financial Information

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 statements including year to year comparison.

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



Organization Name:

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 one 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