



## Grant Application

Thank you for your interest in Wichita Falls Area Community Foundation's Grant Cycle. Awards will be made during first quarter of each year. Deadline for grant applications is end of business day on December 15th, or the previous business day if the 15th is on the weekend. If you have questions, please contact us at [wfacf@wfacf.org](mailto: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 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 nine copies** of grant application for sections 1-7.
6. Provide **one** copy of all supporting documents noted in Section 8.

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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

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**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:

Project/Program to be funded:

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
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Organization Name:

Date submitted:

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**Section 2 – Organizational Overview**

History and description of your organization:

1000 character limit

Primary purpose and programs provided by your organization:

1000 character limit

Geographic areas served by your organization:

1000 character limit



Organization Name:

Date submitted:

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**Section 3 – Nature of Request and Project Description:**

Name of Project or Program:

Amount Requested:

Total Budget for this Project:

Description of Project/Program:

1000 character limit

Needs addressed and principal goals:

1000 character limit

Description of target population to be served:

1000 character limit

Is your organization an affiliate of a larger umbrella organization?      YES                      NO

If so, what percentage of grant funds will remain in local area?

**Note:** If your organization has a line item budget document for this project, you may submit in place of this form.



**Project Revenues**

**Amount**

**Notes/Description**

Available from Operating budget

Services Programs Provided

Board Members

Individuals

Businesses

WFACF Grant Funds

Other Foundation Grants

Endowment Funds

Agency donations

Fundraising Projects\*

Other:

Other:

Other::

**Total Project Revenue**

\* Note type of fundraising project and net amount raised for each project below:

**Project Expenses**

**Amount**

**Notes/Description**

**Total Project Expenses**



Organization Name:

Date submitted:

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**Section 4 – Measures of Success:**

What are the objectives of this project?

1000 character limit

What are the anticipated benefits?

1000 character limit

What is the work plan and timeline for completion?

1000 character limit



Organization Name:

Date submitted:

**Section 5 – Evaluation**

Describe the evaluation process to be used for this project.

800 character limit

Describe the on-going funding for this project.

400 character limit

**Section 6 – Financial Information**

Organization’s Total Operating Budget for Current Year:

Does your organization have an Operational Endowment:    YES                      NO

Does your organization participate in Texoma Gives:            YES                      NO

What percentage of your Board donates to your organization annually?

Please provide a copy of your past two month’s financial statements including year to year comparison.

In addition, please provide the following information from your last two 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:**

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**Executive Director/President**

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**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
- Current Fiscal Year agency budget with YTD budget vs actual. If fiscal year less than six months include previous year.