



Grant Application

Thank you for your interest in Wichita Falls Area Community Foundation's Grant Cycle. **Our grant procedures have changed.** Please read the following information in its entirety before you begin the application process.

If you have questions, please contact us at wfacf@wfacf.org or 940.766.0829.

Please Note:

1. The WFACF Grant Cycle **does not** require a letter of intent.
2. **Deadline for grant applications is 5:00p.m. on November 15th.**
3. 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.
4. You must have an office located within the following North Texas Counties: Archer, Baylor, Clay, Montague, Wichita, Wilbarger or Young.
5. **Applications may be submitted electronically**, including all supporting documents as noted in Section 8. Or you may submit one hard copy of the application and supporting documents by mail or in person to our office as noted below.
6. Awards will be made during first quarter of each year.

Please send all documents electronically to wfacf@wfacf.org or in hard copy 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:

Name of 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
---------------------	--------------	----------------



Organization Name:

Date submitted:

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

Number of Employees:

Number of Volunteers:

Organization Name:

Date submitted:

Section 3 – Project/Program 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: (include estimated number of people served by this project.)

800 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

- 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::

Amount

Notes/Description

Total Project Revenue

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

Note: Project Expenses should include specific items allocated to achieve the goals of the project.

Project Expenses

Amount

Notes/Description

Total Project Expenses



Organization Name:

Date submitted:

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:

(Not the project budget but overall organizational budget)

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 year-to-date financial statement including a year over year comparison.

In addition, complete the following form with your organizations last two year's 990 tax 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 - (new applicant's only)
- Organization’s Board Members’ names and occupations
- Latest year-to-date 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.