The Common Grant Application Form was developed to facilitate the application process for grantmakers and grantseekers.

Please keep in mind that every grantmaker has different guidelines and priorities, as well as different deadlines and timetables. Any funder that has agreed to accept this form may request additional information at any stage in the proposal process. **Before completing this form, ensure that the grantmaker accepts the Common Grant Application by visiting their website or contacting them directly.**

**Instructions:**

1. Applicants should perform their own research to determine the foundations and corporations that make grants to your type of organization, in the geographic area in which you function, and for your field of interest.
2. Visit the grantmaker’s website to obtain a copy of funding guidelines from each individual grantmaker for each application you plan to submit. Each grantmaker has different guidelines for using this form and requires different attachments. Determine how the application should be submitted and the number of copies required.
3. No hand written proposals.
4. Please answer all the questions unless otherwise instructed by the grantmaker.
5. Please do not include any materials other than those specifically requested.
6. Check with the individual grantmaker to find out how they would like this form to be submitted.

**Resources:**

* St. Louis Public Library’s Grants and Foundation Center-<http://previous.slpl.org/using/foundation.htm>
* Foundation Center resources can also be accessed at the Kirkwood Public Library and the St. Charles Public Library.
* Foundation Center Guide to Proposal Writing-<http://foundationcenter.org/getstarted/tutorials/shortcourse/components.html>

**Visit the User Guide for the following information:**

* Common Grant Application background.
* Frequently Asked Questions.
* Glossary of terms.
* Proposal writing tips.
* Guide to each question asked in this application including examples on how to best answer each question.

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| **Common Grant Application Cover Sheet** |
| Grantmaker to whom this application is submitted: |  |
| Application Date:  |  | Org Website:  |  |
| Applicants Legal Name: (as shown on IRS Letter of Determination) |  |
| Doing Business As: (if different from legal name) |  |
| EIN #: |  |
| Address: |  |
| City:  |  | State:  |  | Zip code:  |  |
| Telephone #: |  | Fax #:  |  |
| Executive Director:(or Top Executive) | (Please include prefix and title) | Phone #: |  |
| Email Address: |  |
| Main Contact(s) for this Proposal:  | (Please include prefix and title) | Phone #:  |  |
| Email Address: |  |
| Board President: |  | Phone #: |  |
| Email Address: |  |

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| Applicant’s tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc) | (Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination) |
| If not a 501(c)(3) Nonprofit, then who is fiscal agent? | (Attach a copy of the written agreement from fiscal agent plus fiscal agent’s contact information and EIN)  |

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| Organization’s mission statement: |
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| Type of request (check one): Note, not all funders support each type of request. Check with individual grantmaker. |
| [ ] Capacity Building | [ ] Project/Program |
| [ ] Capital | [ ] Other (explain)  |
| [ ] General Operating Support |
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| [ ] New Project | [ ] Existing Project | [ ] Expansion of Existing Project |

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| Project/Campaign Name: (if general operating please indicate) |  |
| Proposal Summary - In 100 words or less summarize the purpose of this request. |
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| Funding Period Requested: (be specific)  | / / through / / | Amount Requested: | $ |
| Total Project Budget for this period: (not required if general operating request) | $ | Current Annual Organizational Budget: | $ |
| Organization Fiscal Year: |  / / through / / |
| Geographic Area(s) Served:(include specific counties) | (For this project. If general operations support, for this organization.) |

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| List applicant’s membership of a giving federation: (e.g., United Way, Arts & Education Council, Jewish Federation, Earthshare Missouri)  |  |

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| Agreement |
| *I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.**In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.* |

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| Signature, Executive Director*(or authorizing official on behalf of the organization)* |  | Date |

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| **NARRATIVE** |
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| **SECTION A: ORGANIZATIONAL INFORMATION** |
| **1. Summary of organization’s history.** |
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| **2. Description of the organization’s current programs, activities, number served annually, and accomplishments.** |
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| **SECTION B: NEEDS STATEMENT** |
| **3. What are the community needs or problems to be addressed by this project/organization? Why is this issue important?** |
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| **SECTION C: PROJECT INFORMATION** |
| **4. Who will be served by this grant (describe) and how many will be served?** |
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| **5. What are your project goals?** *(Operating or capital requests- What are your agency’s major goals?)* |
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| **6. What activities do you intend to engage in or provide to achieve these goals?** *Please provide an in-depth description of the activities/services, including 1) how much, 2) how often, 3) how long activities/services will be provided. For expanded project requests, distinguish between current and expanded activities/services.* |
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| **7. What are the anticipated short and long-term measurable outcomes that would be achieved by this grant?** |
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| **8. What is the timeline for implementation of this grant?** |
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| **9.**  **What are the organization’s most significant interactions with other organizations and efforts? For project requests, address this question with respect to that project only.** *(e.g., who are the other partners, what is your past experience collaborating with this organization, what are their roles in this project, and what is their expertise, etc?)* |
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| **10. What other agencies or projects are doing similar work and how are you different?** |
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| **11. What are the qualifications of key staff and volunteers that will ensure the success of the project/organization? Are there specific staff/volunteer training needs for this project?**  |
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| **12. How does this request fit with your organization’s long-term goals? We define long-term as the time-period beyond this grant.** |
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| **13. What is your long-term funding plan? For project requests, address this question with respect to that project only.** |
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| **14. Describe the extent to which your project/organization is based on approaches that have been shown to be effective in other settings.** |
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| **SECTION D: EVALUATION** |
| **15. What is your organization’s evaluation process? How do you plan to track and measure the effectiveness of your project/ organization** *(e.g., intake sheets, participation checklists, pre/post surveys, client questionnaires, follow-up surveys, etc)?* |
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| **16. How will the evaluation results be used to inform future programming?** |
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| **SECTION E: BUDGET NARRATIVE JUSTIFICATION** |
| **17. After completing the budget template, please provide a description of each line item expense listed on the program/project budget. Indicate whether this is a new expense for your project or if funding is being requested to cover a current/existing expense.** *For example, if you list personnel expenses, please state whether these funds will be used for new or existing staff positions. Explain how the numbers are being calculated.* |
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| **ADDENDUM QUESTIONS** |
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| **SECTION F: CAPITAL CAMPAIGN REQUESTS (this additional information is required)** |
| **18. Discuss the feasibility and cost of the capital campaign and its implications in relation to the organization’s ongoing operations expenses.**  |
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| **19. Specify support received to date and the number of prospects approached and/or identified.**  |
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| **20. Identify potential naming opportunities.** |
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| **21. Indicate the board’s financial participation in the campaign (percent participating and amount contributed).** |
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| **22. Describe plans for funding the ongoing maintenance of the new capital project.** |
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| **23. Detail financing that might be undertaken in addition to raising funds from the public.** |
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| **24. Indicate whether the campaign is open or in its quiet phase and when the campaign began. Also indicate if timing is a factor or if a “window of opportunity” exists that could impact the success of the campaign.**  |
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| **REQUIRED ATTACHMENTS** |
| 1. **A copy of the current IRS Letter of Determination indicating tax-exempt status.**
2. **List of current board of directors including their professional affiliations (name of organization of employment).**
3. **Letter of support from collaborating organizations that explains their role and is signed by the executive director(s) of that organization(s). *(if applicable)***
4. **The memorandum of understanding or the contract between the organization and the fiscal agent/fiscal sponsor. *(if applicable)***
5. **Financials**
	* Project Budget *(must use excel template included as part of this application)*
	* Internally prepared income statement for current fiscal year *(may use organizational budget included in this application)***AND**
		1. Complete copy of organization’s audited/reviewed/compiled financial statements for the last fiscal year which includes two (2) years of financial information**OR**
		2. Organization’s most recently filed Form 990 plus internally prepared financial statements for the past two (2) years. **Must include:** \* statement of activities (income statement) \* statement of financial position (balance sheet) \* statement of cash flow**NOTE**- financial statements are to be prepared according to generally accepted accounting procedures (GAAP)
6. **Additional Attachments-** individual grantmakers may choose to request additional attachments. Please check with the individual grantmaker.
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| **Please read the following statements and check the boxes certifying that this application is complete according to the requirements set forth by the grantmaker.** |
|       I have reviewed the website or spoken of the grantmaker to whom I am submitting this application and have reviewed their mission, funding interests, process, and requirements to determine if my request is a funding fit.      I have visited the website of the grantmaker from whom I am seeking funding and have included in this application any additional materials and attachments required by that funder. |