

**ENGELSTAD FOUNDATION
GRANT APPLICATION FORM**



Please be sure to fill out the application completely, all fields are required. Your organization's total grant submission can be up to a maximum of 10 pages. The page count includes this application and your organizational budget. Please feel free to attach additional pages to your application keeping the 10-page limit in mind.

Note: Any information outside of the fillable fields will not be included in your application. If you have more information than will fit into the preset fields, please add additional pages to this application.

Background Information:

Program or project title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Contact person: _____ Title: _____

Nevada organizations only: Did your organization explore the Nevada GrantLab opportunity on the Engelstad Foundation website? Yes No

If yes, did you register as a partner? How was your experience?

If no, why didn't your organization take advantage of this opportunity?

Information about the Request:

Date of application: _____ Amount Requested: _____

Type of Support (please check):

Project General Operating Capacity Building Technical Assistance Emergency

What geographic area will be served? _____

Organization name _____

What is the approximate number of people served by this project? _____

What is the period of time covered by the project? _____

Organizational Information:

How long has the organization been in existence? _____

How many people are served annually overall? _____

Number of paid staff: Full-time _____ Part-time _____

Number of volunteers involved in your organization _____

What percentage of the people you serve use your services multiple times? _____

Are there other non-profit agencies that your organization is partnered with? Please list:

How often does your board meet? _____

Please list the members of the Board of Directors:

Please list the names and titles of the leadership of your organization:

Organization name _____

What is your organization's mission statement?

Financial Information:

Total income of organization (most recent fiscal year): _____

Total expenses of organization (most recent fiscal year): _____

If your application is for a project:

Total expenses budgeted for the project: _____

Amount raised for the project so far: _____

Please list the other funding sources with the amount funded per source.

What is the end goal of the possible grant? What do you hope to achieve?