

**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?