**GRANT APPICATION/ ORGANIZATION PROFILE**

**Applications Accepted March 1 to October 1**



Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address: No Post Office Boxes

Person making application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Employee Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your group an IRS 501(c)(3) organization? \_\_\_\_\_Yes \_\_\_\_\_No

*If no, is your group a public agency/unit or government?*  \_\_\_\_\_Yes \_\_\_\_\_No

1. When was your organization established? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the mission of your organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Briefly describe your organization’s current program or activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How many Board members, Full-time paid staff, part-time paid staff, and volunteers are involved with your organization?

Board Members: \_\_\_\_\_\_\_ Full-Time Paid Staff: \_\_\_\_\_\_

 Part-Time Paid Staff: \_\_\_\_\_ Volunteers: \_\_\_\_\_\_

1. Approximately, what percentage of your budget goes towards your mission? \_\_\_\_\_\_\_\_\_

*(Please attach the front page of a recent IRS Form 990 and a copy of your current IRS determination letter)*

1. Amount of funding requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please attach on a separate sheet, a detailed description of how these funds will be spent by your organization? Be as specific as you can, listing planned purchases and estimated costs of the items purchased. Along with a timeline for these purchases.
3. Please attach on a separate sheet how can your organization help Carney’s Kids events during the funding year.

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*FOUNDATION USE ONLY:* Date Request reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_Yes \_\_\_\_\_No

 Follow Up Notes/Information Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 If approved, Date of check issuance/presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_