

# Lakewinds Natural Foods Grant Application Form

## Grant Application Cover Sheet

Date of application: \_\_\_\_\_ Application submitted to: \_\_\_\_\_

### Organization Information

Name of organization \_\_\_\_\_ Legal name, if different \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Employer Identification Number (EIN) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web site \_\_\_\_\_

Name of top paid staff \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of contact person regarding this application \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Is your organization an IRS 501(c)(3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Lakewinds requires that all applicants be 501(c)(3) not for profit.)

### Proposal Information

Please give a 2-3 sentence summary of request:

Population served: \_\_\_\_\_

Geographic area served: \_\_\_\_\_

Funds are being requested for (check one)

\_\_\_\_\_ Project/program support \_\_\_\_\_ Start-up costs \_\_\_\_\_ Other (list)  
\_\_\_\_\_ Technical assistance \_\_\_\_\_ Capital \_\_\_\_\_

Project dates (if applicable): \_\_\_\_\_ Fiscal year end: \_\_\_\_\_

### Budget

Dollar amount requested: \_\_\_\_\_ \$ \_\_\_\_\_

Total annual organization budget: \_\_\_\_\_ \$ \_\_\_\_\_

Total project budget: (Including dollars requested - noted) \_\_\_\_\_ \$ \_\_\_\_\_

### Authorization

Name and title of top paid staff or board chair: \_\_\_\_\_

Signature \_\_\_\_\_

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## Proposal Narrative

Please answer all of the questions listed below. Try to be as concise as possible.

### **I. Organization Information:**

1. Your organization's history, including the date it was established.
2. Mission and goals
3. Current programs or activities, including any service statistics and strengths or accomplishments.
4. Your organization's relationship with other organizations having similar missions. What is your role relative to these organizations?
5. Number of Board members, full-time paid staff, part-time paid staff and volunteers.

### **II. Purpose of Grant**

Please provide answers to each of the listed questions.

1. Situation
  - a. The opportunity, challenges, issues or need and the community that your proposal addresses.
  - b. How that focus was determined and who was involved in that decision making process.
2. Activities
  - a. Overall goal(s) regarding the situation described above.
  - b. Objectives or ways in which you will meet the goal(s).
  - c. Specific activities for which you seek funding.
  - d. Who will carry out those activities?
  - e. Time frame in which this will take place.
  - f. How the proposed activities will benefit the community in which they will occur, being clear about the impact you expect to have.
  - g. Long-term funding strategies (if applicable) for sustaining this effort.

### **III. Evaluation**

1. Please describe your criteria for success. What do you want to happen as a result of your activities? Please describe both immediate and long-term effects.
2. How will you measure these changes?
3. Who will be involved in evaluating this work (staff, board, constituents, community and consultants)?
4. What will you do with your evaluation results?

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## Attachments

The following attachments are required:

1. Finances
  - a. Most recent financial statement, audited if available, showing actual expenses. This information should include a balance sheet and income statement.
  - b. Most recent 990 tax return.
  - c. Organization budget for current year, including income and expenses.
  - d. Project budget, including income and expenses.
  - e. Additional funding. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed and pending.
2. List of Board members and their affiliations.
3. Brief description of key staff, including qualifications relevant to the specific request.
4. A copy of your current IRS determination letter indicating tax-exempt 501c3 status.
5. If an employee(s) of Lakewinds is involved with your organization, list names and involvement.

# Lakewinds Natural Foods Grant Application Form

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

## Organization Budget

### INCOME

| <u>Source</u>                           | <u>Amount</u>   |
|---|-----------------|
| <i>Support</i>                          |                 |
| Government grants                       | \$ _____        |
| Foundations                             | \$ _____        |
| Corporations                            | \$ _____        |
| United Way or other federated campaigns | \$ _____        |
| Individual contributions                | \$ _____        |
| Fundraising events and products         | \$ _____        |
| Membership income                       | \$ _____        |
| In-kind support                         | \$ _____        |
| Investment income                       | \$ _____        |
| <br><i>Revenue</i>                      |                 |
| Government contracts                    | \$ _____        |
| Earned income                           | \$ _____        |
| Other (specify)                         | \$ _____        |
| _____                                   | \$ _____        |
| _____                                   | \$ _____        |
| _____                                   | \$ _____        |
| <b>Total Income</b>                     | <b>\$ _____</b> |

### EXPENSES

| <u>Item</u>                                 | <u>Amount</u> |
|---|---------------|
| Salaries and wages                          | \$ _____      |
| Insurance, benefits and other related taxes | \$ _____      |
| Consultants and professional fees           | \$ _____      |
| Travel                                      | \$ _____      |
| Equipment                                   | \$ _____      |
| Supplies                                    | \$ _____      |
| Printing and copying                        | \$ _____      |
| Telephone and fax                           | \$ _____      |
| Postage and delivery                        | \$ _____      |
| Rent and utilities                          | \$ _____      |
| In-kind expenses                            | \$ _____      |
| Depreciation                                | \$ _____      |
| Other (specify)                             | \$ _____      |
| _____                                       | \$ _____      |
| _____                                       | \$ _____      |

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|   |           |
|---|-----------|
| <b>Total Expense</b>                    | <b>\$</b> |
| <b>Difference (Income less Expense)</b> | <b>\$</b> |

**Lake Windes Natural Foods Grant Application Form**

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

**INCOME**

| <b><u>Source</u></b>           | <b><u>Amount</u></b> |
|--------------------------------|----------------------|
| Government grants              | \$                   |
| Foundations                    | \$                   |
| Corporations                   | \$                   |
| United Way or other campaigns  | \$                   |
| Individual contributions       | \$                   |
| Fundraising event and products | \$                   |
| Membership income              | \$                   |
| In-kind support                | \$                   |
| Investment income              | \$                   |
| Revenue                        |                      |
| Earned income                  | \$                   |
| Other (specify)                | \$                   |
| <b>Total Income</b>            | \$                   |

**EXPENSES**

| <b><u>Item</u></b>   | <b><u>Amount</u></b> | <b><u>%FT/PT</u></b> |
|--|----------------------|----------------------|
| Salaries and wages (breakdown by individual position and indicate full- or part-time.) | \$                   |                      |
|  | \$                   |                      |
|  | \$                   |                      |
|  | \$                   |                      |
|  | \$                   |                      |
| <b>SUBTOTAL</b>  | \$                   |                      |
| Insurance, benefits and other related taxes  | \$                   |                      |
| Consultants and professional fees  | \$                   |                      |
| Travel   | \$                   |                      |
| Equipment  | \$                   |                      |
| Supplies   | \$                   |                      |
| Printing and copying   | \$                   |                      |
| Telephone and fax  | \$                   |                      |
| Postage and delivery   | \$                   |                      |
| Rent and utilities   | \$                   |                      |
| In-kind expenses   | \$                   |                      |
| Depreciation   | \$                   |                      |
| Other (specify)  | \$                   |                      |
|  | \$                   |                      |
| <b>Total Expense</b>   | \$                   |                      |
| <b>Difference (Income less Expense)</b>  | \$                   |                      |