

Date of Application: \_\_\_\_\_

**Organization Information**

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Legal Name of Organization

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Address

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City, State, Zip

Telephone

Fax

**Individuals Responsible:**

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Name of staff person receiving highest compensation      Title

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Contact person if different from above

Title

Contact #

Please enclose and check the following items. The proposal cannot be processed without.

\_\_\_\_\_ Copy of 501(c) (3) tax exemption ruling

\_\_\_\_\_ Most recent quarterly financial budget

\_\_\_\_\_ Most recent annual report (if corporation)

\_\_\_\_\_ If corporation, please send copy of articles of incorporation and bylaws

\_\_\_\_\_ If trust, please send copy of trust and any amendments

\_\_\_\_\_ Copy of the final determination of the public charity status or private operation foundation status

\_\_\_\_\_ List of board members and their affiliations

\_\_\_\_\_ One paragraph description of key staff, including qualifications relevant to your request

\_\_\_\_\_ Most recent financial audit

\_\_\_\_\_ Most recent IRS form 990

\_\_\_\_\_ Project budget

Has the Pelino Charitable Foundation made previous grants to your organization?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Date of last grant: \_\_\_/\_\_\_/\_\_\_

Amount \$ \_\_\_\_\_

How did you hear about the Pelino Charitable Foundation? \_\_\_\_\_

Please briefly describe the purpose of your organization:

**Amount and Type of Support Requested:**

The dollar amount being requested: \$ \_\_\_\_\_

**Proposal Summary**

Project Name: \_\_\_\_\_

Project Duration: \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

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

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

Field of activity: Please check which best describes the grant:

Education-Related: \_\_\_\_\_ Programs aiming at improving or building self-esteem in youth  
\_\_\_\_\_ Literacy programs for children  
\_\_\_\_\_ Pre-school education programs

Health-Related: \_\_\_\_\_ Programs offering support for families of children with debilitating illnesses  
\_\_\_\_\_ Programs targeting health issues in under-served communities

Social Service \_\_\_\_\_ Family support services  
\_\_\_\_\_ Domestic violence and/or child abuse prevention programs  
\_\_\_\_\_ Job training/economic development programs  
\_\_\_\_\_ Programs focused on fighting hunger

Please briefly describe the specific purpose of your request:

**Budget:**

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

Total project budget: \$ \_\_\_\_\_

Authorization

Name of top paid staff and/or Board Chair \_\_\_\_\_

Please print

Signature:

\_\_\_\_\_

**Proposal Narrative**

Please provide the following information in narrative form in this order. Five to seven pages is recommended excluding attachments.

A: Organizational Information

1. Brief summary of organization history
2. Brief summary of organizational mission and goals
3. Description of current programs, activities, service statistics and strengths/accomplishments
4. Your organization's relationship with other organizations working to meet the same needs or providing similar services. Please explain how you differ from these other agencies.
5. Number of board members, full time paid staff, part-time paid staff and volunteers.
6. If your organization has ever been audited by the Internal Revenue Service, please describe the audit and the final results

B.: Purpose of Grant

1. Situation
  - \*The situation-opportunity, problem, issue ,need and the community that your proposal addresses
  - \*How your focus was determined
  - \*Who was involved in the decision-making process
2. Specific Activities
  - \*Specific activities for which you seek funding
  - \*Who will carry out those activities (if individuals are known, describe qualifications)
  - \*Your overall goal(s)
  - \*Specific objectives or ways in which you will meet the goal(s)
  - \*Actions that will accomplish your objectives
  - \*Time frame in which all of this will take place

3. Impact of activities

\*How the proposed activities will benefit the community in which they occur. Be as clear as you can about the impact you expect to have.

\*Long-term strategies sustaining this effort

C: Evaluation

1. How will you measure the effectiveness of your activities
2. Your criteria (measurable) for a successful program and the results you expect to have achieved by the end of the funding period
3. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)
4. How will the evaluations be used