



FVCF GRANT APPLICATION

INSTRUCTIONS: Read checklist before filling out application. There are 8 sections in this application. Complete each section and attach required documents as instructed.

Legal Name of Organization_____

Date of IRS Exemption(include IRS letter only w/ original application)_____

Address_____ City_____ State_____ Zip_____

Telephone_____ Website_____

Name of Executive Director_____

Name and Title of Person Submitting this Application_____

Telephone_____ Email Address_____

Number of Paid Staff Full Time Staff Part Time Staff_____

IRS Classification (please check the appropriate box):

501(c)3 - Public Charity 501(c)3 - Private Foundation Not 501(c)3 If not, specify_____

BRIEFLY BULLET POINT YOUR KEY PROGRAMS AND SERVICES

BRIEFLY STATE WHAT MAKES YOUR PROGRAM UNIQUE

BRIEFLY DESCRIBE THE ORGANIZATION'S KEY INITIATIVES, ACCOMPLISHMENTS AND/OR CHALLENGES OVER THE PAST TWO YEARS. INCLUDE ANY INTERNAL OR EXTERNAL EVALUATION MECHANISMS USED TO EVALUATE YOUR PROGRAM (#ADMISSIONS/PEOPLE SERVED, THIRD PARTY EVALUATIONS/AUDITS

BRIEFLY DESCRIBE THE PROJECT FOR WHICH FUNDING IS SOUGHT

Amount requested from FVCF _____

What is the total budget for this project. _____

If this project is part of a bigger project please attach the total budget worksheet in the original application.

WHAT IS EXPECTED TO BE ACHIEVED?

LIST OTHER POTENTIAL FUNDING SOURCES FOR THIS PROJECT WHOM YOU HAVE

CONTACTED (e.g. corporations, foundations, individuals - indicate amount sought from each)

BRIEFLY DESCRIBE THE POPULATION THAT WILL BE SERVED BY THIS PROJECT

SERVICE WITHIN FOUNTAIN VALLEY

Number of different persons served by the organization _____

Seniors 65 and over _____

Adults 19-64 _____

Under 18 _____

Total persons served _____

Number of Fountain Valley individuals served by the organization _____

Percentage of Fountain Valley served as percentage of agency's total number served _____