



Community Grant Application CHECKLIST PAGE

Funded by Hyundai Motor America, The grant program will be distributed through the Fountain Valley Community Foundation in accordance with set guidelines. Applicants must live in or serve the community of Fountain Valley.

1. Complete one original Grant Application Form. Please answer all questions on the application. Spaces are limited in order to help applicants be brief and specific in response to requested information and for the Grant Committee to be able to evaluate numerous grant applications. A cover letter is not encouraged or necessary.
2. Board of Directors List: A listing of current officers, board members and executive director that includes their name, city of residence and professional affiliation. (Include in original application as well as all 4 copies).
3. Financial Information:
 - A. The most current audited or internal financial statements (only one copy to be included with the original application).
4. IRS 501(c)3 letter or copy of your IRS determination letter (only one copy to be included with original application)
5. Application requirements
 - A. Original should be in a file folder labeled with the name of the agency applying.
Original application should include: Board of Directors List, optional newsletter or brochure, audited financials, IRS letter.
 - B. Four *copies* (original + four copies) of application DO NOT need to be in file folders. All copies should be three-hole punched, DO NOT staple, DO NOT copy double side.

____ I have read How to Apply for a Grant Guidelines. (Please check-off the following and include this checklist with the original application only.)

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 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

DO YOU AGREE TO PROVIDE A NARRATIVE ON THE IMPACT OF THIS PROJECT/EVENT ON THE COMMUNITY OR YOUR ANTICIPATED AUDIENCE? _____



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 _____

