



GRANT APPLICATION FOR NONPROFIT ORGANIZATIONS

This Grant Application was developed to facilitate the application process for grant-seekers.

Instructions:

1. Determine whether or not the Jeanie C. Linders Fund (JCLF) makes grants to your type of organization, for programs/projects like yours, and for your field of interest (click here for Projects Overview & Guidelines).
2. When completing the Grant Application, do not use more than the space provided for each question.
3. Do NOT re-create the form; use it as it is provided. Please complete fax or mail to the address below. E-mail applications will not be accepted.
4. Applications must be completed in 12 pt. type – no smaller or if written by hand, please print!

If you have any questions about the Jeanie C. Linders Fund Grant Application, please contact Kim Whitehurst at kwhitehurst@jclfund.org

**Please mail applications to:
Kim Whitehurst
Jeanie C. Linders Fund
1069 W. Morse Blvd., Suite 1
Winter Park, FL 32789
Fax: 407-478-3740**

There are three sections to this Grant Application:

- I. Basic Information
 - A. Organization
 - B. Proposal
 - C. Certification
- II. Budget
 - A. Organization
 - B. Project
- III. Attachments
 - A. IRS Letter of Determination
 - B. Most Recent Form 990 (including Schedule A)
 - C. Financial Statement (audited, if available)
 - D. List of Board Members/Officers/Advisors

SECTION ONE: BASIC INFORMATION

Date of application: _____

A. Organization Information

Organization Name: _____

Organization's Legal Name, if different: _____

Executive Director Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Web Site Address: _____

Year Organization Founded: _____

Current United Way Agency? Yes _____ No _____

Mission of your organization:

Person preparing/submitting this application:

Name: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

B. Proposal Information

Proposal/Project Title: _____

Total Amount of Grant Request: \$ _____

If this is a multi-year request, please indicate amount requested by project year:

Year One: _____ Year Two: _____ Year Three: _____

Project Duration: Start Date: _____ End Date: _____

Primary Contact for Project:

Name: _____

Title: _____

Phone: _____ Fax: _____

E-mail: _____

1) What is the problem or issue to be addressed?

2) Who will be served through the proposed project?

3) How will you accomplish your goals?

4) How will you know you have met your goals? How do you intend to measure results?

5) Is the project a collaborative effort? If so, please describe the list partners (please attach letters of support from each organization to be involved in collaboration):

OTHER FUNDING SOURCES - Do you have other funding sources (over \$1,000 each) for this project? (Please list actual, pending and those for which you have applied):

SUSTAINABILITY - Describe your plans for sustainability of this project, if applicable:

LITIGATION - Is there any pending litigation against your organization?

_____ Yes _____ No If Yes, please explain:

Has your organization had to pay any court-ordered judgments in the past three years? If so, for what and how much?

OTHER USEFUL INFORMATION – is there anything else a potential funder should consider in reviewing this proposal?

C. Certification

As a nonprofit organization, you are required to register with the State as a charity. Please provide a copy of your registration letter.

In addition, the top official of your organization as well as the chairperson for your governing board must sign the following statement:

1. Submission of this funding proposal is authorized by our organization's Board of Directors.
2. Tax exemption under IRS Section 501 (c) (3) for

(Name of organization) has not been revoked or modified.

3. The applicant organization understands that should the requested grants be made, the applicant organization will furnish a report showing how funds were spent and that the funds were spent solely for the purposes for which the grant is sought. The applicant organization understands that it will be expected to accept the terms and conditions set out by the grantmaker.

We certify that to the best of our knowledge, the statements contained in this application are true, correct and complete.

Top Official:

Board Chairperson:

(Print Name)

(Print Name)

(Title)

(Title)

(Signature)

(Date)

(Signature)

(Date)

SECTION TWO: BUDGET

A. Organization – Annual Operating Budget

Please provide the following information for your *most current* completed fiscal year.

Fiscal Year _____ Start Date: _____ End Date: _____

INCOME	
Source	Amount
<u>Support</u>	
Government Grants	\$
Foundations	\$
Corporations	\$
United Way	\$
Individual Contributions	\$
Fundraising Efforts	\$
Membership Income	\$
In-kind Support	\$
Investment Income	\$
Other (specify)	\$
	\$
Total	\$
REVENUE	
Government Contracts	\$
Earned Income	\$
Other (specify)	\$
	\$
	\$
	\$
Total	\$
TOTAL INCOME	\$

EXPENSES	
Item	Amount
Salaries & Wages	
Director	\$
Employees	\$
Insurance, Benefits & Related Taxes	\$
Consultants & Professional Fees	\$
Fundraising-related Costs	\$
Travel	\$
Equipment	\$
Supplies Printing & Copying	\$
Telephone & Fax	\$
Postage & Delivery	\$
Rent & Utilities	\$
In-kind Expenses	\$
Depreciation	\$
Other (specify)	\$
	\$
	\$
	\$
	\$
TOTAL EXPENSES	\$
DIFFERENCE (Income less Expenses)	\$

B. Project – Budget for Proposal

Please provide the following information for the project you are proposing.

Project Duration: _____ Start Date: _____ End Date: _____

For multi-year requests, you must submit a budget for each year.

INCOME	
Source	Amount
Support	
Government Grants	\$
Foundations	\$
Corporations	\$
United Way	\$
Individual Contributions	\$
Fundraising Efforts	\$
Membership Income	\$
In-kind Support	\$
Investment Income	\$
Other (specify)	\$
	\$
	\$

REVENUE	
Government Contracts	\$
Earned Income	\$
Other (specify)	\$
	\$
	\$
	\$
	\$
	\$
TOTAL INCOME	\$

EXPENSES		
Item	Amount	FT/PT
Salaries & Wages – Existing Staff (breakdown by individual position & indicate if full- or part-time)		
	\$	
	\$	
Salaries & Wages – New Staff (breakdown by individual position & indicate if full- or part-time)		
	\$	
	\$	
Insurance, Benefits & Related Taxes (breakdown to correspond with above)		
Existing Staff	\$	
	\$	
New Staff	\$	
	\$	
Consultants & Professional Fees	\$	
Fundraising-related Costs	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing & Copying	\$	
Telephone & Fax	\$	
Postage & Delivery	\$	
Rent & Utilities	\$	
In-kind Expenses	\$	
Depreciation	\$	
Other (specify)		
	\$	
	\$	
	\$	
TOTAL EXPENSES	\$	
DIFFERENCE (Income less Expense)	\$	

SECTION THREE: ATTACHMENTS

All grant-seekers are required to include the following supplemental information when submitting your application:

- A. IRS Letter of Determination**
(Confirming your nonprofit status and organization type)
- B. Most Recent Form 990**
(Including Schedule A)
- C. Financial Statement – Audited (if available)**
(For your most recent completed fiscal year)
- D. List of Board Members/Officers/Advisors**
(Including name, position on board and compensation (if applicable); if officer, please specify and list professional affiliation)