



2019 Grant Application Form

Please use additional pages to complete this application.

Organization's Name: _____

Address (mailing): _____

Address (physical if different from mailing): _____

Name and Title of Person Submitting Request: _____

Phone: _____

Fax: _____

Email: _____

Organization Website: _____

Mission of the Organization:

Services provided by your Organization (list all services that represent five percent or more of your budget):

Areas of Charitable Service (check all that apply):

_____ Arts

_____ Health Care

_____ Religious

_____ Education

_____ Social / Human Services

_____ Environmental

_____ Developmentally
Disabled / Handicapped

_____ Youth Organization

_____ Community
Improvement

_____ Other (List): _____

Region served by Organization (check all that apply):

Medford Talent Upper Rogue
 Ashland Phoenix Lower Rogue
 Jackson County Josephine County
 Other (List): _____

Year organization established: _____ Year received tax-exempt status: _____

Number of Employees: _____ Budget for most recent year-end: \$ _____

Name of accounting firm that handles audit and review of funds:

Contact Name : _____ Contact Phone: _____

May the Foundation contact the accounting firm for additional information?

Yes _____ No _____

Type of Grant Requested

The Applicant requests a grant to be applied toward a specific project in the following amount:

\$ _____

Information for the specific project is as follows:

Project Description

Describe your project. Please include: (i) the purpose and goals of your project; (ii) the statement of need for your project; (iii) the class of individuals served by the project and the location of those individuals; and (iv) the way in which you will measure the success of your project.

Project Plan

Describe the implementation process for your project. Be sure to include information on key staff and volunteer project managers.

Evaluation Process

Describe the evaluation process for your project including expected outcomes. Please outline: (i) the evaluation process; and (ii) a description of how the project will be funded in future years.

Budget Information

If the amounts being requested for the project is more than \$50,000, the following budget information is to be provided:

Applicant year-end: _____

Time period for the budget below: _____

Amount requested: \$ _____

Time period for payment: _____

Budget Detail

Budget for Project

Annual Budget for Organization

Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Office Space	\$ _____	\$ _____
General Overhead	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Consultants / Professional Fees	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____
Marketing / Communications	\$ _____	\$ _____
Capital Expenditures	\$ _____	\$ _____
Total	\$ _____	\$ _____

Revenue Detail	Revenue for Project	Annual Revenue for Organization
Individual Contributions	\$ _____	\$ _____
Corporate Contributions	\$ _____	\$ _____
Foundation Grants	\$ _____	\$ _____
Government Grants	\$ _____	\$ _____
Membership Income	\$ _____	\$ _____
Special Events	\$ _____	\$ _____
In-Kind Support	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____
Total	\$ _____	\$ _____

List all other foundations that have been asked to fund this project, the amounts requested, and the current status. Please add additional lines as needed.

Foundations	Amount Requested	Status
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Attachments Required

- _____ IRS tax determination letter showing that you are recognized public charity and that you are not a private foundation.
- _____ Affidavit from a representative of your organization stating that the IRS has not revoked your tax-exempt status or changed its status since the issuance of the tax determination letter
- _____ A copy of the most recent audited financial statement of your organization.
- _____ A copy of the organization's most recent annual report, if available.
- _____ A list of the organization's board of directors or trustees, showing name, corporate title, volunteer title, address, and telephone number.
- _____ A copy of the most recently filed 990 Non-Profit tax return.

Statement from Applicant Organization's Chief Executive Office and Chief Volunteer Officer:

We do hereby certify that the information provided in this Grant Application is accurate and complete to the best of our ability and knowledge. We further acknowledge that if awarded a grant from the Carrico Family Foundation, we will provide certification to the Carrico Family Foundation that the funds have been used for the purposes for which the grant was awarded. We will make this certification within the time specified by the Grant Agreement.

Chief Executive Officer of Applicant Signature

Date

Printed name and title

Chief Volunteer Officer of Applicant Signature

Date

Printed name and title