



# Caring Hearts

FOUNDATION

*Changing lives one cause at a time!*

## GRANT APPLICATION:

Please note that all charities or organizations must be 501c3 entity registered with the IRS and the secretary of their respective state.

Please provide the following information about your organization. Please complete all information (as applicable) before submitting.

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name of Board Chair: \_\_\_\_\_

Name of President/CEO: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

IRS Federal ID Number (must be a 501c3 registered charity with the IRS): \_\_\_\_\_

What is your organization's mission statement?: \_\_\_\_\_

Provide a brief summary of your organization: \_\_\_\_\_

\_\_\_\_\_

List your organization's goals: \_\_\_\_\_  
\_\_\_\_\_

List the key contacts with titles for your organization: \_\_\_\_\_  
\_\_\_\_\_

Please fill in the following information for the primary person submitting this application.

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide the following information for the specific program for which this grant will be utilized.

Program Name: \_\_\_\_\_

Is this a new or existing program? If an existing program, how are you expanding or improving it? \_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Total Program Budget: \_\_\_\_\_

Are you requesting grants from other sources? \_\_\_\_\_

If so, how much? \_\_\_\_\_

Time Frame: \_\_\_\_\_

Purpose of Request (500 words maximum, please attach additional sheets or other documents as applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there similar programs available, and if so, what makes your program unique? (300 word maximum, attach additional sheets or documents as applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Population Served (Check all boxes that apply but at least one)

Children/Youth     Women Families     Animals Veterans     Other If "other," please list: \_\_\_\_\_

Is there a cost for participants in the program, and if so, how much?: \_\_\_\_\_

Number of people you hope to serve 500 or fewer Over 500: \_\_\_\_\_

Which geographic area does your program serve? \_\_\_\_\_

Have you received a grant from Caring Hearts Foundation in the past 12 months?

Yes     No     Don't Know

How will you evaluate if the program is a success? \_\_\_\_\_

Time Frame: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Purpose of Request (500 words maximum, attach additional sheets or documents as applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach proof of cost of item requested or a list of Program Expense Budget items, including how calculated and how each relates to the program. Example: Salaries: Total of \$24,000 = 2 FTEs, 1 Program Manager, 40 hr/wk @\$20/hr for 20 wks, 1 Program Assistant, 40 hrs/wk @\$10/hr for 20 wks.

Please attach a list of Other Revenue Sources requested from other foundations, corporations, or other sources to which this proposal has been submitted.

Example: Foundations - Total of \$10,000 = XYZ Foundation \$5,000, ABC Foundation \$5,000.

Please attach a copy of your current IRS determination letter.

Please attach any letters of support (should verify program need and collaboration with other organizations).

**Signature of person completing this application:**

\_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For any questions or additional information please contact Leslie Kahn Snow or Jesse Dawson on our website.