Fairmont Area Foundation

Putting down our roots

Grant Application

PLEASE ~ Complete this application for our review. You may submit any other materials which you feel will help us understand your organization and request. Type or print the application and sign the last page.

IMPORTANT: APPLICATION WILL BE VOID WITHOUT THE FOLLOWING:
An attached copy of the U.S. Treasury letter certifying your organization as a 501(c)3 public charity or a copy from the Government Unit you are affiliated with. (This must be attached even if you have applied for a FAF grant in the past.)

A. Organization

Name _____ **Phone** _____

Street _____ **City** _____ **State** _____ **Zip** _____

Describe Your Organization

B. Project

Contact Person _____ **Title** _____ **Phone** _____

1. **What is your project?** _____
2. **What is its purpose?** _____
3. **Who will be served (age groups, gender, minorities)?** _____ **Total served** _____
4. **What area will be served?** _____
5. **What are the expected results?** _____
6. **How will you measure the results?** _____
7. **When will the project begin?** _____ **When will it be completed?** _____

C. Grant Request To FAF

1. **What is the total fund-raising goal amount for this project?** _____
2. **What is your grant request of FAF?** _____ **FAF % of total project** _____
3. **When and over what period of time do you need FAF funds?** _____
4. **Are other community groups contributing cash, goods, and/or services? If so, list groups below with amounts, etc.**

_____

D. Describe The Plan To Raise Funds And Complete This Project

How much have you raised in cash/pledges to date? _____ **Number of contributors** _____

E. Project's Costs

	20____	20____	20____
Total Project Costs	$_____	$_____	$_____
Administrative Costs	$_____	$_____	$_____
Fundraising Costs	$_____	$_____	$_____
Balance of Project Costs	$_____	$_____	$_____
Projected Surplus/Deficit	$_____	$_____	$_____

F. Project's Sources Of Funds

Federal Government	$_____	%_____	**United Way**	$_____	%_____
State Government	$_____	%_____	**Individuals**	$_____	%_____
County Government	$_____	%_____	**Business**	$_____	%_____
City Government	$_____	%_____	**Other Sources**	$_____	%_____

G. List Major Donors To This Project

_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____

H. Financial Information

1. **These figures should come from your financial statements for the last fiscal year. Were these financial statements audited by a CPA? Yes _____ No _____. (Fill out the information below, or you may attach a copy of your most recent tax return or audited financial statement.)**

2. **Revenues:**

Individual Contributions:	**$ _____**
Corporate Contributions:	**$ _____**
Foundation Contributions:	**$ _____**
Government Contributions:	**$_____**
Investment Income:	**$ _____**
Other (specify):	**$_____**
Total Income:	**$_____**

3. **Expenditures: (For the programs of the organization.)**

Administration:	**$_____**
Programming:	**$_____**
Fund Raising:	**$_____**
Other (specify):	**$ _____**
Total Expenditures:	**$ _____**

4. **If expenditures were more than income, how was this financed?**

5. **Assets:**

Cash:	**$ _____**
Securities:	**$ _____**
Property and Equipment:	**$ _____**
Other (specify):	**$ _____**
Total Assets:	**$ _____**

6. **Liabilities and Fund Balances:**

Current:	**$_____**
Long-term:	**$_____**
Fund Balances:	**$_____**
Total Liabilities:	**$_____**
Total Liabilities and Fund Balances:	**$_____**

7. **I certify that the above information is true to the best of my knowledge and belief:**

_____ _____

Officer of the Board **Date**

I. Recent Or Pending Organization Problems

1. **Lawsuits or IRS inquiries challenging the propriety of disbursements and/or the action of your staff, volunteers, or directors? Yes _____ No _____**

2. **Publicity viewed as adverse or critical? Yes _____ No _____**

If "Yes", please describe the circumstances:

J. Previous FAF Grant Applications

Has your organization applied for a FAF grant before? Yes _____ No _____

If so, when? _____Describe the project _____

Amount Requested _____Was it approved? _____

K. Important Information To Include With This Request

1. **List of names, occupations, and affiliations of your board of directors.**
2. **One copy of the U.S. Treasury letter certifying your organization as a 501(c)3 public charity.**
3. **One copy of your most recent annual financial report.**
4. **Remember to SIGN at the bottom of this page.**

L. Other Pertinent Information

M. Authorized Signature And Title In Organization

_____ _____

Signature and Title **Date**

Please Do Not Write In Space Below

_____ _____

Grant Committee Recommendation **Date**

_____ _____

Board Action **Date**