



Program/Grant Application Form

Population served: _____

Geographic area served: _____

Funds are being requested for (check one):

_____ General operating support _____ Start-up costs _____ Capital
_____ Project/program support _____ Technical assistance _____ Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: \$ _____
Total annual organization budget: \$ _____
Total project budget (for support other than general operating): \$ _____

Authorization

Name and title of director/board chair: _____
Signature _____



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PROPOSAL NARRATIVE

Please provide the following information on an additional piece of paper. Your application must be typed and stapled to this packet.

I. ORGANIZATION INFORMATION

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.
- F. Additional organization information required by each individual funder.

II. PURPOSE OF GRANT

- A. Situation
 - a. The opportunity, challenges, issues or needs concerning clean air quality and the community that your proposal addresses.
 - b. How that focus was determined and who was involved in that decision-making process.
- B. Activities
 - a. Overall goal(s) regarding the situation described above.
 - b. Objectives or ways in which you will meet the goal(s).
 - c. Specific activities for which you seek funding.
 - d. Who will carry out those activities.
 - e. Time frame in which this will take place.
 - f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.

III. EVALUATION

- A. Please describe your criteria for success in contributing to help achieve cleaner air. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?



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ATTACHMENTS

The following attachments are required:

1. Finances

- Project Budget, including income and expenses (if not a general operating proposal).
- Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

2. List of board members and their affiliations if applicable.

3. Brief description of key staff, including qualifications relevant to the specific request.

4. If applicable, a copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.

PROPOSAL CHECKLIST

- Cover letter.
- Cover sheet.
- Proposal narrative.
- Organization budget.
- Project budget (if not general operating grant).
- List of additional funders.
- List of board members and their affiliations.
- Brief description of key staff.
- IRS determination letter.
- Confirmation letter of fiscal agent (if required).



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ORGANIZATION BUDGET GUIDE

This format is optional and can serve as a guide to budgeting. If you already have an organization budget that contains this information, please submit it in its original form. Attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants _____	\$ _____
Foundations _____	\$ _____
Corporations _____	\$ _____
United Way or other federated campaigns _____	\$ _____
Individual contributions _____	\$ _____
Fundraising events and products _____	\$ _____
Membership income _____	\$ _____
In-kind support _____	\$ _____
Investment income _____	\$ _____
 <i>Revenue</i>	
Government contracts _____	\$ _____
Earned income _____	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
 Total Income	 \$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages _____	\$ _____
Insurance, benefits and other related taxes _____	\$ _____
Consultants and professional fees _____	\$ _____
Travel _____	\$ _____
Equipment _____	\$ _____
Supplies _____	\$ _____
Printing and copying _____	\$ _____
Telephone and fax _____	\$ _____
Postage and delivery _____	\$ _____
Rent and utilities _____	\$ _____
In-kind expenses _____	\$ _____
Depreciation _____	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
 Total Expense	 \$ _____
Difference (Income less Expense)	\$ _____



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PROJECT BUDGET GUIDE

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please submit them in their original forms. Attach a budget narrative explaining your numbers if necessary. Valley CAN does not cover in-direct costs such as overhead

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
 <i>Revenue</i>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
 Total Income	 \$

EXPENSES

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
SUBTOTAL	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
Total Expense	\$	
Difference (Income less Expense)	\$	



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Mail this application along with all attachments to:

**Valley CAN
2300 Tulare Suite 210
Fresno, CA 93721**

If you have any questions about this application, please feel free to contact Valley CAN by visiting our website, sending an email or calling Shelley McKenry at 559-375-7100 or Tom Knox at 916-443-3354. A member of our staff will contact you immediately.

www.valley-can.org