



Grant Application

Organizational Information

Legal Name of Organization: _____

EIN: _____ Year Founded: _____

Address: _____

Website: _____

Executive Director Name: _____

Email: _____ Phone: _____

Key Contact Name: _____

Title: _____

Email: _____ Phone: _____

Organizational Mission Statement and History:

Geographical Area Served:

Annual Operating Budget:

Request Details

1. Program Name: _____

2. Amount Requested: _____

3. Desired Payment Date: _____

4. Request/Purpose

Briefly summarize the purpose and need for funds and how they will be used:

5. Is this a new or existing program? If existing, how has the program been funded previously?

6. Total Program Budget

Outline the total annual cost of the program and how previous and supplemental funds have been or will be obtained:

7. Community Health

Briefly describe how these funds will help improve community health:

8. Beginning and end date of project (if applicable):

Evaluation and Measurement

Please list the expected output and outcome performance measures for your project. Include a timeline for services to be rendered and evaluations to be made. Explain how these outcomes will be reported and how WWCF will be recognized for support.

Sustainability

Describe how the project or organization will be sustained after the grant period.

Additional Information

Please include the following required information. If these documents are not available for any reason, please include a written explanation of why documentation is unavailable.

- IRS Determination Letter
- Latest available IRS 990
- Current operating budget
- Detailed program budget
- Latest available audited financial statement
- Board list and/or project managers

Additional accepted information:

- Any organization plans related to this grant request
- Other supporting illustrations or marketing materials
- Campaign evaluations/previous performance measurements
- Beneficiary statements