



2022 Grant Application

Legal Name of Organization: _____

EIN: _____ Year Founded: _____

Address: _____

Website: _____

Executive Director Name: _____

Email: _____ Phone: _____

Key Contact Name: _____

Title: _____

Email: _____ Phone: _____

Nonprofit Mission Statement and History:

Geographical Area to be Served through this Grant:

Annual Operating Budget:

Request Details

1. Program Name: _____

2. Amount Requested: _____

3. Request/Purpose

Summarize the purpose, need for funds and how they will be used:

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

5. Total Program Budget

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

6. Community Health

Detail how funds will be used to address a local health need(s) in an innovative and impactful way. If more space is needed, include attachments:

7. Beginning and end date of project: _____

Please attach the following.

Evaluation and Measurement

Detail 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 depletion of grant funds.

Supporting Documents

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
- Board list and/or project managers

Additional information:

- Any organizational plans related to this grant request
- Other supporting illustrations or marketing materials
- Campaign evaluations/previous performance measurements
- Beneficiary statements
- Latest available audited financial statement