

THE  
**Cemala**  
FOUNDATION

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## GRANT APPLICATION

### General Information

Name of organization: \_\_\_\_\_  
(Exactly as it appears on your federal tax-exempt certification under Section 501(c)(3) of the IRS Code)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Contact person for application: \_\_\_\_\_ Title: \_\_\_\_\_

Contact's phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of 501(c) (3) determination: \_\_\_\_\_

Website Address (if available): \_\_\_\_\_

### Grant Request

Indicate type of grant request

New program     Expansion of existing program     Capital improvements

General operating support     Operating support for emergency     Other

Title of project (not required for general operating support): \_\_\_\_\_

Amount of request to Cemala: \$ \_\_\_\_\_

Total project cost (not required for general operating support) \$ \_\_\_\_\_

Summary description: Explain how the grant funds will be used, what will be accomplished, who will benefit and what will change in the community if this request is funded.

Describe collaborative efforts-formal or informal-you have established or plan to establish with organizations working on similar issues or providing similar services (how do you coordinate with or complement one another)?

List primary funding sources with amounts for this project:

Committed		Pending (give determination date)	
NAME	AMOUNT	NAME	AMOUNT

Future funding plans: If this request is for project funding, and if project is to be continued, how will it be funded in the future? If this request is for operating support, how will operating support be funded in the future?

Brief description of your organization's history, mission and primary activities. If this grant request is for a start-up, explain the need for these new services and whether or not they are provided elsewhere in the community.

## Financial Resources

Organization's net assets: \$ \_\_\_\_\_ as of last fiscal year end (date) \_\_\_\_\_

Revenues and expenditures for last fiscal year end: Income \$ \_\_\_\_\_ Expenditures \$ \_\_\_\_\_

Current fiscal year budget: Income \$ \_\_\_\_\_ Expenditures \$ \_\_\_\_\_

Sources of funding: \_\_\_\_\_ % Membership \_\_\_\_\_ % United Way \_\_\_\_\_ % Annual campaign, events, etc.  
 \_\_\_\_\_ % Fees \_\_\_\_\_ % Government \_\_\_\_\_ % Other

## Human Resources

Number of members of governing board \_\_\_\_\_

Number of paid staff: full-time \_\_\_\_\_ part-time \_\_\_\_\_

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Signature of Chief Executive Officer or Chairman of the Board Title Date

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Name (please print) Title Date