

Opportunity Grant FY2012

Organization Information

I certify that I am authorized by the Executive Director/CEO and/or the Board of Directors to submit this proposal on behalf of the organization.

<None>

I certify that hiring and service delivery by this organization is conducted without regard to race, gender, religion, sexual orientation, age, national origin or disability.

<None>

Organization Name

Tax ID

Please enter information using this format: 55-5555555

Date of Incorporation

Please enter information using this format: 01/01/9999

IRS Tax Status

Please choose one of the following to indicate your official tax status with the IRS and enter the information in the box below:

- Public Charity (501 c3)
- Government Entity (170 c1)
- Federally Recognized Tribe
- None of the above

If you choose "None of the Above" please contact INWCF grants staff (509-624-2606 or 888-267-5606) to determine if your organization is eligible to apply to this grant program.

Street Address

Please enter information using this format: 555 W. Elm Ave.

P.O. Box, Suite or Apartment number

Please enter information using this format: P.O. Box 555/Ste. 555/Apt. 555

City

State

<Select One>

Zip Code

County

<Select One>

Web Site

Please enter information using this format: www.communityhelp.org. If your organization does not have a Web site, please indicate "Not Applicable."

Organization Mission

Please limit your reply to 100 words.

Annual Budget

Please state the total budget for your organization's most recently completed fiscal year.

Describe up to three key programs/services offered by your organization.

Please limit your reply to 200 words.

Please provide information about the head of this organization

Prefix

First Name

Middle Initial

Sample Only
Actual Application May Vary

Last Name

Title

<None>

If title is different from any listed above, please enter here.

Phone

Please enter information using this format: 555-555-5555

Extension

E-mail Address

Application Contact Information

If the primary contact for this application is someone other than the head of the organization, please provide their contact information here.

Prefix

First Name

Middle Initial

Last Name

Title

Phone

Sample Only
Actual Application May Vary

Extension

E-mail Address

Project Information

Please select the name of the grant program to which you are applying.

<Select One>

Program/Project Name

Project Description

Please provide a concise description of your project in 50 words or less.

Request Amount

Total Program/Project Cost

Program/Project Full Description

Please describe in detail the project for which you are seeking funds.

Need/Opportunity

Describe the compelling opportunity or the unexpected condition that this proposal addresses. Include why this proposal is time-sensitive and why it warrants immediate funding.

Sample Only
Actual Application May Vary

Use of Funds

Describe how the requested funds will be used. Identify activities to be undertaken and the timeline in which they will take place.

Outcomes

Describe the expected outcomes and identify the population that will benefit most from this project.

Evaluation

Describe your evaluation plan for the proposed work.

Sample Only
Actual Application May Vary



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Account: msanchez@inwcf.org

✳ Required before final submission

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Attachments

The following supporting documents are required to complete your application:

- **Program/project budget:** This is the budget for the specific program/project for which you are seeking grant funds. It should include:
 - Income sources, including cash and in-kind contributions (labor, goods and supplies that are donated). Note how much income has been secured or committed.
 - Expenses, such as personnel, contract services, equipment and supplies. **Identify specifically what expenses will be covered by the funds from the Inland Northwest Community Foundation.**
 - Net income (total income - total expenses).
 - Grant percentage of total budget.
 - Narrative explanation of any additional information that you believe would help us better understand your organization's program/project budget, including descriptions of in-kind donations, explanation of specific budget items and how the amount of specific items was calculated or determined.

- **Organization operating budget.** The organization operating budget should include:

- **Income sources, including cash and in-kind contributions (labor, goods and supplies that are donated). Note how much income has been secured or committed.**
- **Expenses, such as personnel, contract services, equipment and supplies.**
- **Net income (total income - total expenses).**

- **List of board members with affiliations.**
- **A copy of your organization's 501 c3 letter.**
- **If you are using a fiscal agent, you must also upload a letter from the director of the fiscal agency that confirms your relationship**

DO NOT UPLOAD YOUR ORGANIZATION'S AUDITED FINANCIAL STATEMENT OR IRS 990 REPORT IN LIEU OF THE REQUIRED FINANCIAL INFORMATION.

ALL UPLOADS MUST BE IN A PDF FORMAT. If you do not currently have a program on your computer to convert documents to a PDF format, you can download a free PDF conversion program from Microsoft by clicking [here](#). If your organization is unable to provide PDF files, you need to contact INWCF grant staff to make other arrangements for required documents at least one week prior to the application due date.

HOW TO UPLOAD YOUR ATTACHMENTS: Each document must be uploaded individually. To upload a document, click on the drop-down arrow in the "Title" box below to see a list of required documents. Click on the type of document you want to upload (i.e. Project Budget, Organization Budget, etc.). After you've selected the document type, click on "Browse" to find the document you wish to attach. Double click on the file name, or select the "Open" button, and then click the "Upload" button.

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat")

cannot be uploaded.

Title:

File Name:

Sample Only
Actual Application May Vary