



Wasmer Fund for Children and Families FY12

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Account: msanchez@inwcf.org

Eligibility Quiz

I acknowledge that the due date for this application is Tuesday, June 28 at 5 p.m. and that applications submitted after that time will not be eligible for review.

-Select One-

I acknowledge that all required attachments for this proposal must be submitted in a PDF format. If our organization is unable to provide PDF files, we will contact INWCF grant staff to make other arrangements for required documents at least one week prior to the application due date.

-Select One-

Submit

Wasmer Fund for Children and Families FY12

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.

Sample Only
Actual Application May Vary

P.O. Box, Suite or Apartment number

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

City

Non-Profit

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.

Sample Only
Actual Application May Vary

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

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

Sample Only
Actual Application May Vary

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

Extension

E-mail Address

Sample Only
Actual Application May Vary

Project Information

Please select the grant program to which you are applying.

<Select One>

Program/Project Name

Provide a summary of your program/project request.

Please limit your reply to 150 words

Request Amount

Total Program/Project Cost

Please select a request type.

<Select One>

Select the purpose of funding.

<None>

Indicate which county or counties from the following list will benefit most from this proposal.

Washington Counties: Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens and Whitman; Idaho Counties: Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai, Latah, Lewis, Nez Perce and Shoshone

Describe in detail the project for which you are seeking funds.

Provide a timeline of the specific activities that will take place during the grant period.

Sample Only
Actual Application May Vary

Describe the need or opportunity addressed by the program/project.

Include information about the population that will benefit directly or indirectly, and explain how this program/project is relevant at this time in the community/communities you serve.

Funding Preferences

This program prefers to fund organizations whose mission and programs include the development of self-sufficiency among those served, and whose governance, planning and implementation processes include meaningful participation by those served. Please describe how your program/project addresses these areas of preference.

Describe the changes or benefits (internal and/or external) you anticipate as a result of this program/project.

Please include number information where applicable. For example: 21 families who were previously homeless will be moved to permanent housing; 65 senior citizens will receive in-home health care services; 25 new volunteers will be trained and certified; Five two-hour sessions to convene neighborhood groups will be presented, etc.

Describe how you will measure and evaluate the success of your program/project.

Sample Only
Actual Application May Vary

Organizational Capability

Identify organizations you will collaborate with on this program/project, if any.

Describe the efforts you have undertaken/will undertake to raise any additional funds or in-kind support required to implement the program/project.

Include plans, such as changes in scope or delays in program/project implementation, if you are unable to obtain all required funding.

If this is an ongoing project, describe how your organization will cover the expenses of this program after the grant period.

Sample Only
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* 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).
- **Revenue and expense statement (also called a profit and loss statement), that**

indicates changes in net assets and statements of activity.

- Balance sheet (also called an assets and liabilities statement), that indicates the financial position of the organization.
- List of key staff or volunteers including a description of their positions relative to the program/project request.
- List of board members with affiliations.
- A copy of your organization's 501 (c)3 letter. If you are using a fiscal agent, a copy of your fiscal agent's 501 (c)3 letter should be attached. If you are a government entity or a federally recognized tribe, please upload a document stating your tax exempt status.
- 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: Program/project budget (Required)

File
Name:

Browse...

Upload

Save & Finish Later

Review & Submit