

# OPUS 1 FOUNDATION GRANT APPLICATION FORM

DATE OF APPLICATION: \_\_\_\_\_ APPLICATION SUBMITTED TO: \_\_\_\_\_

## ORGANIZATION INFORMATION

NAME OF ORGANIZATION \_\_\_\_\_ LEGAL NAME, IF DIFFERENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/POSTAL CODE \_\_\_\_\_ EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_

NAME OF CEO/CHAIRMAN/PRESIDENT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

IS YOUR ORGANIZATION AN IRS 501(C)(3) ORGANIZATION?  YES  NO

IF NO, IS YOUR ORGANIZATION A PUBLIC AGENCY?  YES  NO

IF NO, CHECK WITH FUNDER FOR DETAILS ON USING FISCAL AGENTS, AND LIST NAME AND ADDRESS OF FISCAL AGENT:

\_\_\_\_\_  
\_\_\_\_\_  
FISCAL AGENT'S EIN \_\_\_\_\_

## PROPOSAL INFORMATION

PLEASE PROVIDE A 2-3 SENTENCE SUMMARY OF YOUR REQUEST BELOW:

POPULATION SERVED: \_\_\_\_\_ GEOGRAPHIC AREA: \_\_\_\_\_

Funds are being requested for (check one) *Note: Please be sure funder provides the type of support you are requesting.*

GENERAL OPERATING SUPPORT  START-UP COSTS  PROJECT/PROGRAM SUPPORT

TECHNICAL ASSISTANCE  CAPITAL  OTHER: \_\_\_\_\_

PROJECT DATES, IF APPLICABLE: \_\_\_\_\_ FISCAL YEAR: \_\_\_\_\_

## BUDGET

TOTAL AMOUNT REQUESTED: \_\_\_\_\_

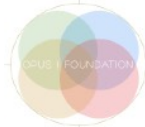
TOTAL ANNUAL BUDGET: \_\_\_\_\_

TOTAL PROJECT BUDGET: \_\_\_\_\_

## AUTHORIZATION

NAME/TITLE OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_



# OPUS 1 FOUNDATION

## GRANT APPLICATION FORM

### PROPOSAL NARRATIVE

Please use the following outline as a guide to your proposal narrative. Also, include a cover letter with your application that introduces your organization and proposal and makes the link between your proposal and the mission of the Opus 1 Foundation.

#### I. ORGANIZATION INFORMATION

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities for your organization, if any.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.
- F. Additional organization information required by each individual funder.

#### II. PURPOSE OF GRANT

General operating proposals: Complete Section A below and move to Part III - Evaluation.

All other proposal types: Complete Section B below and move to Part III - Evaluation.

#### SECTION A: GENERAL OPERATING PROPOSALS

1. The opportunity, challenges, issues or need currently facing your organization.
2. Overall goal(s) of the organization for the funding period.
3. Objectives or ways in which you will meet the goal(s).
4. Activities and who will carry out these activities.
5. Time frame in which this will take place.
6. Long-term funding strategies.
7. Additional information regarding general operating proposals required by each individual funder.

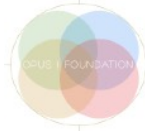
#### SECTION B: ALL OTHER PROPOSAL TYPES

##### I. SITUATION

- a. The opportunity, challenges, issues or need and the community that your proposal addresses.
- b. How that focus was determined and who was involved in that decision-making process.

##### II. ACTIVITIES

- a. Overall goal(s) regarding the situation described above.
- b. Objectives or ways in which you will meet the goal(s).
- c. Specific activities for which you seek funding.
- d. Who will carry out those activities.
- e. Time frame in which this will take place.
- f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
- g. Long-term funding strategies (if applicable) for sustaining this effort.



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### III. EVALUATION

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

### ATTACHMENTS

Generally the following attachments are required:

1. Finances
  - Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. Some funders require your most recent Form 990 tax return.
  - Organization budget for current year, including income and expenses.
  - Project Budget, including income and expenses (if not a general operating proposal).
  - Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
2. List of board members and their affiliations.
3. Brief description of key staff, including qualifications relevant to the specific request.
4. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.
5. If applying to a corporate funder only: if an employee of this corporation is involved with your organization, list names and involvement.

Be sure to check each funder's guidelines, and use discretion when sending additional attachments.

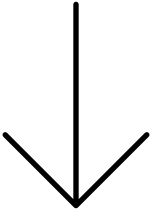
### CHECKLIST

- |   |  |
|---|--|
| <input type="checkbox"/> COVER LETTER<br><input type="checkbox"/> COVER SHEET<br><input type="checkbox"/> PROPOSAL NARRATIVE<br><input type="checkbox"/> ORGANIZATION BUDGET<br><input type="checkbox"/> PROJECT BUDGET, <i>if applicable</i><br><input type="checkbox"/> FINANCIAL STATEMENTS, <i>preferably audited, showing actual expenses including:</i><br><input type="checkbox"/> <i>Balance sheet.</i> <input type="checkbox"/> <i>Statement of activities (income and expenses).</i><br><input type="checkbox"/> <i>Statement of functional expenses.</i> | <input type="checkbox"/> LIST OF ADDITIONAL FUNDERS<br><input type="checkbox"/> LIST OF BOARD MEMBERS AND THEIR AFFILIATIONS<br><input type="checkbox"/> BRIEF DESCRIPTION OF KEY STAFF<br><input type="checkbox"/> IRS DETERMINATION LETTER OR EQUIVALENT<br><input type="checkbox"/> CONFIRMATION LETTER OF FISCAL AGENT (if required) |
|---|--|
- ADDITIONAL INFORMATION REQUIRED BY EACH INDIVIDUAL FUNDER

**ORGANIZATION BUDGET**

**INCOME**

| SOURCE                              | AMOUNT |
|-------------------------------------|--------|
| GIFTS/GRANTS/DONATION/CONTRIBUTIONS |        |
| MEMBERSHIP FEES                     |        |
| GROSS INVESTMENT INCOME             |        |
| NET UNRELATED BUSINESS INCOME       |        |
| FUNDRAISING INCOME                  |        |
| UNUSUAL GRANTS                      |        |
| IN-KIND SUPPORT                     |        |
| OTHER:                              |        |
|                                     |        |
|                                     |        |
|                                     |        |
|                                     |        |
| <b>TOTAL INCOME</b>                 |        |



| EXPENSE                                  |        |
|--|--------|
| SOURCE                                   | AMOUNT |
| SALARIES & WAGES                         |        |
| INSURANCE                                |        |
| PROFESSIONAL FEES                        |        |
| GRANTS/GIFTS/DONATIONS TO OTHERS         |        |
| INTEREST EXPENSE                         |        |
| TRAVEL                                   |        |
| EQUIPMENT                                |        |
| OFFICE SUPPLIES                          |        |
| PRINTING & COPYING                       |        |
| COMMUNICATIONS (PHONE,FAX,INTERNET ETC.) |        |
| POSTAGE & DELIVERY                       |        |
| OCCUPANCY (RENT, UTILITIES ETC.)         |        |
| PROGRAM EXPENSES                         |        |
| DEPRECIATION & DEPLETION                 |        |
| PERMITS & LICENSES                       |        |
| OTHER:                                   |        |
|  |        |
|  |        |
| <b>TOTAL EXPENSE</b>                     |        |

**EXCESS REVENUE OVER EXPENSES:** \_\_\_\_\_

If applicable, please provide an explanation below if your total revenue exceeds total expense by 2% or over:

\*This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.