









## 2015 Community Investment Partnership Grant Application

PDF File 1 - Application Materials	
(Title this file: "(Your organization name)	2015 CIP Application")
Application Checklist:	
Logic Model Agency Financial Program Financia List of current Bo	ogram Information (5 pages maximum)  Information form  Il Information form  ard members with titles and affiliations  utive Director on cover page
PDF File 2 - IRS Form 990	<u> </u>
(Title this file: "(Your organization name)	990")
Most recent IRS f	orm 990
	Cover Sheet
Organization Name	
Program Name	
Amount Requested	
() S () E Priority Goal area for funding: () P () P	Start a new program Support operations of a current program Expand an established program Promote financial and residential stability for all ages Prepare children to and youth to be resilient, to learn and to succeed Promote healthier choices and behaviors for all ages
Contact person for proposal	
Primary contact e-mail address	
Primary contact telephone	
Organization's mailing address	
City, state, zip	
Telephone	
Organization's Email:	
Website:	
Fax:	
Name of Executive Director	
Signature of Executive Director	
Date	

## **CIP Grant Application Narrative and Program Information**

#### Please answer the following questions in five (5) total pages or less.

- 1. What is the specific problem/issue the project will solve or address?
- 2. What are the specific objectives and planned results of the proposed project and how do they align with Thurston Thrives objectives?
- 3. How will your organization implement the proposed project to accomplish the objectives?
- 4. Who else in the community is working on this problem/issue? Describe your collaborative work with these other organizations or groups specific to this request.
- 5. How will your organization know you've met your expected outcomes? What measurements will you use and what evaluation process will you use to collect that data?
- 6. What additional dollars are you leveraging and what would be the impact of not receiving full CIP funding for the project?
- 7. Describe the number of <u>and</u> roles for volunteers to help meet program outcomes.

# **CIP Grant Application Logic Model**

Please complete this Logic Model w	hich serves as a summary of program	noutcomes and outputs and a progress report template.
Program Title	Organization	
Priority Goal Area		

	PROGRAM PLAN		OUTCOME PLAN	MEASUREMENT PLAN
Inputs What We Have	Activities What We Do	Target Group Who We Serve	What We Will Accomplish and How We Will Measure It	Key Measurements and Measurement Tools How We Will Know
			At 6 months:	
			At 12 months:	

### **FULL AGENCY Financial Information**

Double click on the table to activate Excel formulas. Click on the Word document to return to Word.

Be sure the yellow box is visible before returning Word.

AGENCY NAME:	Fiscal Year:		
	Last Closed Fiscal Year	Current Fiscal Year to Date	Notes
Dates:			
REVENUES:			
Contributions	0	0	
Special Events (net)	0	0	
Planned Giving/Endowmen	0	0	
United Way Grants	0	0	
Grants/Contracts: Federal	0	0	
Grants/Contracts: State	0	0	
Grants/Contracts: Local	0	0	
Grants:	0	0	
Other Grants / Contracts	0	0	
Program Service Fees	0	0	
Generated Revenues	0	0	
Merchandise Revenues	0	0	
Investment Income	0	0	
Other Revenue	0	0	
TOTAL REVENUE	0	0	
EXPENSES:	Last Closed Fiscal Year	<b>Current Fiscal Year to Date</b>	Notes
Payroll (salaries, benefits	0	0	
Insurance	0	0	
Professional	0	0	
Supplies/Phone/Postage	0	0	
Rent/Mortgage & Utilities	0	0	
Facilities Repair /	0	0	
Equipment	0	0	
Printing, Copying and	0	0	
Transportation	0	0	
Conferences and Meetings	0	0	
Staff Training &	0	0	
Direct Assistance to	0	0	
Membership Dues &	0	0	
Other Expenses (specify)	0	0	
TOTAL EXPENSES	0	0	
Excess (Deficit)	0	0	

### **PROPOSED PROGRAM Financial Information**

Double click on the table to activate Excel formulas. Click on the Word document to return to Word.

Be sure the yellow box is visible before returning to Word.

PROGRAM NAME:		
	Projected Budget	Notes
Dates:	riojetteu buuget	
REVENUES:		
CIP Funding		
Contributions	0	
Special Events (net)	0	
Planned Giving/Endowmen	0	
United Way Grants	0	
<b>Grants/Contracts: Federal</b>	0	
Grants/Contracts: State	0	
Grants/Contracts: Local	0	
Grants:	0	
Other Grants / Contracts	0	
Program Service Fees	0	
Generated Revenues	0	
Merchandise Revenues	0	
Investment Income	0	
Other Revenue	0	
TOTAL REVENUE	0	
EXPENSES:	Current Fiscal Year to Date	Notes
Payroll (salaries, benefits	0	
Insurance	0	
Professional (2)	0	
Supplies/Phone/Postage	0	
Rent/Mortgage & Utilities	0	
Facilities Repair /	0	
Equipment Printing, Copying and	0	
Transportation	0	
Conferences and Meetings	0	
Staff Training &	0	
Direct Assistance to	0	
Membership Dues &	0	
Other Expenses (specify)	0	

<u>CIP funding will provide match funding for the revenue sources with an asterisk \* in the NOTE section.</u>