Summary Sheet

Project Focus Area	
*Project Focus Area:	
*Project Title:	
Collaboration	
A collaboration exists when two or more qualifying nonprofit organizations 1) unite in order to achieve a common goal; 2) manage and contribute to the proposed project in a significant manner; and 3) benefit financially from the grant. One nonprofit will need to be identified as the lead - serving as the Fiscal Agent, financially managing the IMPACT 100 grant funds and completing the basic application. The other collaborating organizations will provide their organizational and financial information, but not be required to complete the additional sections of the grant application.	
*Are any other nonprofit organizations collaborating on this project?	
Applicant Organization Information	
*Legal Name:	
Doing Business As (DBA) Name (if applicable):	
*Federal Employer Identification Number (EIN):	
Website (if available):	
Organization's Mailing Address	
*Street:	
*City:	
*State:	
*Zip Code:	
Organization Contacts	
Provide a primary point of contact for your organization and	

this grant. A site visit will be scheduled between 9:00am and 5:00pm on a business day during July and August. A committee member will schedule the site visit with your primary point of contact.	
*Who is the primary contact?	
*Executive Director/President:	
*ED Email:	
*ED Phone:	
*Chairman of Board:	
*Chair Email:	
*Chair Phone:	
Local Street Address for Site Visit	
*Is the site visit address the same as the mailing address?	Yes

Organization Information

Organization Background	
*Legal Name:	
*Year Founded:	
*Number of Full Time Employees (if none, enter 0):	
*Number of Part Time Employees (if none enter 0):	
*Approximate Number of Volunteers (if none enter 0):	
*Brief Summary of Organization's History:	
*Organization's Mission Statement:	
*Geographic Area Served:	
*Current Program and Projects:	
*Total number of board members:	Select
*How many of your board members have contributed financially or in-kind to your organization in the last 12 months?	
*Litigation against the organization:	

Project Narrative

Project Information	
*Project Title:	
*Project Start Date:	
*Project End Date (no later than Oct 2017):	

*Project Summary (150 words or less):	
Target Population	
*Describe the target population. Include demographics on population and geographic area to be served:	
*Describe the specific need for your project in the community:	
Goals	
*Describe what you hope to accomplish through the proposed project:	
*Describe how or why you selected this issue:	
*What is the expected impact on the target population and the overall community:	
* Describe how this project fits into your organization's mission/vision:	
Management	
*Describe how you will accomplish your goals:	
*Describe the specific activities and services that will be provided through this project:	
*Describe how you will manage funds to implement the project:	
Briefly describe the estimates you are attaching to this application:	
Briefly describe attached permits, governmental contracts, drawings, leases, site plans, etc. (if applicable).	
Evaluation	
*Describe how you will know when you have accomplished your goals.	
* Describe how you plan to measure impact and results:	
Collaboration	
*Please describe how the proposed project will be managed between the collaborating organizations and the benefits each organization will gain:	

Other Funding Sources

If you have applied for other grants for this project, please describe:	
If you have received other funding sources for this project, please describe:	

Timeline

* Describe the anticipated timeline for distribution of grant funds:	

Sustainability

*Describe your plans for sustainability of this project:	
*What are your future funding plans?	

Project Budget

Project Revenues

Please round to whole numbers.	
IMPACT 100 Grant:	$106,000
Government grants:	$0
Government contracts:	$0
Foundations:	$0
Corporations/Businesses:	$0
Civic or Community Groups:	$0
United Way:	$0
Arts Council:	$0
Individual Contributions:	$0
Fundraising Activity (events):	$0
Membership Income:	$0
In-kind support:	$0
Investment Income:	$0
Endowment Earnings:	$0
Earned Income:	$0
Other:	$0
*Total Revenue:	106000

Total Project Expenses

Please round to whole numbers.	
Project Payroll Costs (Salary & Fringe):	$0
Consultants and Professional Fees:	$0
Land/Building/Construction:	$0
Vehicle:	$0
Equipment, Machinery:	$0
Office Furniture/Fixtures:	$0
Fundraising:	$0
Travel:	$0
Printing, Copying and Supply:	$0
Postage and Delivery:	$0
Rent and utilities:	$0
Marketing and promotion:	$0
Other:	$0
*Total Expenses:	0
TOTAL REVENUES AND TOTAL EXPENSES SHOULD AGREE AND MUST EQUAL OR EXCEED AMOUNT OF IMPACT 100 GRANT	

Expenses Covered By IMPACT 100 Grant

Expenses should explain how <u>only the IMPACT funds</u> will be used. *Please round to whole numbers.*	
Project Payroll Expenses (Salary & Fringe):	$0
Consultants and Professional Fees:	$0
Land/Building/Construction:	$0
Vehicle:	$0
Equipment and Machinery:	$0
Office Furniture/Fixture:	$0
Fundraising:	$0
Travel:	$0
Printing, Copying and Supply:	$0
Postage and Delivery:	$0
Rent and Utilities:	$0
Marketing and Promotion:	$0
Other:	$0
*Total IMPACT 100 Grant Expenses:	0
NOTE: Total IMPACT 100 Grant Expenses must equal	

$106,000

Project Supporting Documents

Project Supporting Documentation	
*This application will include (please check all that apply):	
Before uploading a file, please save it as a PDF and title it your *NonprofitName_CostEstimate*, or your *NonprofitName_Permits*, etc.	
Upload first supporting document (if applicable):	
Upload second supporting document (if applicable):	
Upload third supporting document (if applicable):	
Upload fourth supporting document (if applicable):	
Upload fifth supporting document (if applicable):	
Upload sixth supporting document (if applicable):	
Upload seventh supporting document (if applicable):	
Upload eighth supporting document (if applicable):	
Upload ninth supporting document (if applicable):	
Upload tenth supporting document (if applicable):	

Organization Financial Documents

Organization Budget	
Please prepare an organization budget that shows the current fiscal year budget as well as actual revenues and expenses for the two prior fiscal years. The numbers in this budget must match your attached tax returns and organization financial statements. **Steps:** 1. Download the organization budget template to your computer. Edit the document with a spreadsheet program such as Excel or Googledocs.	
2. Save completed Organizational Budget <u>as a PDF</u> with a file name containing organization name and budget (e.g. File name: ABCnonprofit_budget.pdf).	
*Upload completed Organizational Budget spreadsheet	

(as a PDF file):	
Balance Sheets and Profit and Loss Statements	
The organization's Balance Sheets and Profit and Loss Statements for the two prior fiscal years need to be submitted. If the organization is a local chapter of a larger group organization (i.e. national/state organization) that files the IRS 990 forms, the Profit and Loss Statements and Balance Sheets for the larger group also need to be submitted.	
*Select Balance Sheet(s) and Profit and Loss Statement(s) to be uploaded:	
IRS Forms	
Organizations need to submit copies of the appropriate IRS Forms for the **2 most recent fiscal years filed**: • **IRS Form 990 or 990-EZ:** include Schedule A and also Schedule O (if used to respond to any questions). If an extension was filed for 2014, a copy of the 2014 extension request and 2013 and 2012 IRS Forms must be submitted. • **IRS Form 990-N (E Post Card)**	
*Based on above, select all the IRS forms that have been filed:	

IMPACT 100 Pensacola Bay Area 2015 Grant Application
Nonprofit Organization Budget

Nonprofit Name:

	Current Fiscal Year	Previous Fiscal Years	
	Estimated	Should match tax returns	
	2015	**2014**	**2013**
REVENUES:	*Please round to whole dollars.*		
Government grants (specify)			
Government contracts (specify)			
Foundations			
Corporations/Businesses			
Civic or Community Groups			
United Way			
Individual Contributions			
Fundraising activity (events)			
Membership Income			
In-kind Support			
Investment Income			
Endowment Earnings			
Earned Income			
Other (specify)			
Other (specify)			
Total Revenues	$-	$-	$-

If any of your revenues are restricted for any specific purposes (bylaws, grants, etc.), please explain here:

EXPENSES:			
Salaries and Wages			
Employee Benefits and Taxes			
Consultants and Professional Fees			
Fundraising Costs			
Travel			
Equipment and Supplies			
Printing and Copying			
Communication (phone, fax, website)			
Postage and Delivery			
Rent and Utilities			
Marketing and Promotion			
Depreciation			
Other (specify)			
Other (specify)			
Total Expenses	$-	$-	$-
Net Increase [Decrease] in Net Assets	$-	$-	$-

When this spreadsheet is complete, save it as a PDF, title it your *nonprofit name_budget* and upload it to the Organization Budget section in the online application.