

Missouri Common Grant Application

The Common Grant Application (CGA) Form was developed to facilitate the application process for grantmakers and grantseekers.

Please keep in mind that every grantmaker has different guidelines and priorities, as well as different deadlines and timetables. Any funder that has agreed to accept this form may request additional information at any stage in the proposal process. **Before completing this form, ensure that the grantmaker accepts the Common Grant Application by visiting their website.**

Instructions:

1. Applicants should perform their own research to determine the foundations and corporations that make grants to your type of organization, in the geographic area in which you function, and for your field of interest.
2. Visit the grantmaker's website to obtain a copy of funding guidelines from each individual grantmaker for each application you plan to submit. Each grantmaker has different guidelines for using this form and requires different attachments. Determine how the application should be submitted and the number of copies required.
3. No hand written proposals.
4. Please answer all the questions unless otherwise instructed by the grantmaker.
5. Please do not include any materials other than those specifically requested.
6. Check with the individual grantmaker to find out how they would like this form to be submitted.

Resources:

- St. Louis Public Library's Grants and Foundation Center-<http://previous.slpl.org/using/foundation.htm>
- Foundation Center resources can also be accessed at the Kirkwood Public Library and the St. Charles Public Library.
- Foundation Center Guide to Proposal Writing-
<http://foundationcenter.org/getstarted/tutorials/shortcourse/components.html>

Visit the **User Guide** for the following information:

- Common Grant Application background.
- Frequently Asked Questions.
- Glossary of terms.
- Proposal writing tips.
- Guide to each question asked in this application including examples on how to best answer each question.

Common Grant Application Cover Sheet

Grantmaker to whom this application is submitted:	Cardinals Care		
Application Date:		Org Website:	
Applicants Legal Name: (as shown on IRS Letter of Determination)			
Doing Business As: (if different from legal name)			
EIN #:			
Address:			
City:		State:	Zip code:
Telephone #:		Fax #:	
Executive Director:	Phone #:		
	Email Address:		
Main Contact(s) for this Proposal: (include title)	Phone #: (include cell #)		
	Email Address:		
Board President:	Phone #:		
	Email Address:		

Applicant's tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc)	(Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination)
If not a 501(c)(3) Nonprofit, then who is fiscal agent?	(Attach a copy of the written agreement from fiscal agent plus fiscal agent's contact information and EIN)

Organization's mission statement:

Type of request (check one): Note, not all funders support each type of request. Check with individual grantmaker.	
<input type="checkbox"/> Capacity Building	<input type="checkbox"/> Project/Program
<input type="checkbox"/> Capital	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> General Operating Support	

<input type="checkbox"/> New Project	<input type="checkbox"/> Existing Project	<input type="checkbox"/> Expansion of Existing Project
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Project/Campaign Name: (if general operating please indicate)			
Proposal Summary - In 100 words or less summarize the purpose of this request.			
Funding Period Requested: (be specific)	through	Amount Requested:	\$
Project Budget for this period: (not required if general operating request)	\$	Current Annual Organizational Budget:	\$
Organization Fiscal Year:	through		
Geographic Area(s) Served: (include specific counties)	(For this program or project. If general operation support for this organization)		

List applicant's membership of a giving federation: (e.g., United Way, Arts & Education Council, Jewish Federation, Earthshare Missouri)	
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<p>Agreement</p> <p><i>I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.</i></p> <p><i>In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.</i></p>

Signature, Executive Director
(or authorizing official on behalf of the organization)

Date

NARRATIVE

SECTION A: ORGANIZATIONAL INFORMATION

1. Summary of organization's history. 100 WORDS OR LESS

2. Description of the organization's current programs, activities, number served annually, and accomplishments. 100 WORDS OR LESS

SECTION B & C: NEEDS STATEMENT & PROJECT INFORMATION

3. What are the community needs or problems to be addressed by this project/organization? Why is this issue important? 50 WORDS OR LESS

4. Who will be served by this grant (describe) and how many will be served? 50 WORDS OR LESS

5. What are your project goals? (Operating or capital requests- What are your agency's major goals?) 50 WORDS OR LESS

6. What activities do you intend to engage in or provide to achieve these goals? Please provide an in-depth description of the activities/services, including 1) how much, 2) how often, 3) how long activities/services will be provided. For expanded project requests, distinguish between current and expanded activities/services. 150 WORDS OR LESS

7. What are the anticipated short and long-term measurable outcomes that would be achieved by this grant? 50 WORDS OR LESS

8. What is the timeline for implementation of this grant? 50 WORDS OR LESS

9. What are the organization's most significant interactions with other organizations and efforts? For program/project requests, address this question with respect to that program/project only. (e.g., who are the other partners, what is your past experience collaborating with this organization, what are their roles in this program/project, and what is their expertise, etc?) (50 words or less)

QUESTION NOT REQUIRED BY CARDINALS CARE.

10. What other agencies or projects are doing similar work and how are you different? (50 words or less)

QUESTION NOT REQUIRED BY CARDINALS CARE.

11. What are the qualifications of key staff and volunteers that will ensure the success of the project/organization? Are there specific staff/volunteer training needs for this project? (50 words or less)

QUESTION NOT REQUIRED BY CARDINALS CARE.

12. How does this request fit with your organization's long-term goals? We define long-term as the time-period beyond this grant. 50 WORDS OR LESS

13. What is your long-term funding plan? For project requests, address this question with respect to that program/project only. 50 WORDS OR LESS

14. Describe the extent to which your project/organization is based on approaches that have been shown to be effective in other settings.

QUESTION NOT REQUIRED BY CARDINALS CARE.

SECTION D: EVALUATION

15. What is your organization's evaluation process? How do you plan to track and measure the effectiveness of your project/organization (e.g., intake sheets, participation checklists, pre/post surveys, client questionnaires, follow-up surveys, etc)? 150 WORDS OR LESS

16. How will the evaluation results be used to inform future programming?

SECTION E: BUDGET NARRATIVE JUSTIFICATION

17. After completing the budget template, please provide a description of each line item expense listed on the program/project budget. Indicate whether this is a new expense for your program/project or if funding is being requested to cover a current/existing expense. For example, if you list personnel expenses, please state whether these funds will be used for new or existing staff positions. Explain how the numbers are being calculated.

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ADDENDUM QUESTIONS – NOT REQUIRED BY CARDINALS CARE

SECTION F: CAPITAL CAMPAIGN REQUESTS (this additional information is required)

18. Discuss the feasibility and cost of the capital campaign and its implications in relation to the organization’s ongoing operations expenses.

QUESTION NOT REQUIRED BY CARDINALS CARE.

19. Specify support received to date and the number of prospects approached and/or identified.

QUESTION NOT REQUIRED BY CARDINALS CARE.

20. Identify potential naming opportunities.

QUESTION NOT REQUIRED BY CARDINALS CARE.

21. Indicate the board’s financial participation in the campaign (percent participating and amount contributed).

QUESTION NOT REQUIRED BY CARDINALS CARE.

22. Describe plans for funding the ongoing maintenance of the new capital project.

QUESTION NOT REQUIRED BY CARDINALS CARE.

23. Detail financing that might be undertaken in addition to raising funds from the public.

QUESTION NOT REQUIRED BY CARDINALS CARE.

24. Indicate whether the campaign is open or in its quiet phase and when the campaign began. Also indicate if timing is a factor or if a “window of opportunity” exists that could impact the success of the campaign.

QUESTION NOT REQUIRED BY CARDINALS CARE.

REQUIRED ATTACHMENTS

1. A copy of the current IRS Letter of Determination indicating tax-exempt status.
2. List of current board of directors including their professional affiliations (name of organization of employment).
3. Financials
 - Project Budget *(must use Excel template included as part of this application)*
 - Organizational Budget *(must use Excel template included as part of this application)*
 - Internally prepared income statement for current fiscal year

AND

 - i. Complete copy of organization's audited/reviewed/compiled financial statements for the last fiscal year which includes two (2) years of financial information

OR

 - ii. Organization's most recently filed Form 990 plus internally prepared financial statements for the past two (2) years. **Must include:**
 - * statement of activities (income statement)
 - * statement of financial position (balance sheet)
 - * statement of cash flow

NOTE- financial statements are to be prepared according to generally accepted accounting procedures (GAAP)
4. **Additional Attachments-** If your organization received a grant in 2012, please include both a) a copy of the acknowledgement letter from Cardinals Care informing you of the grant and b) a receipt(s) for the purchase the grant funded.

Please read the following statements and check the boxes certifying that this application is complete according to the requirements set forth by the grantmaker.

- I have reviewed the website or spoken of the grantmaker to whom I am submitting this application and have reviewed their mission, funding interests, process, and requirements to determine if my request is a funding fit.
- I have visited the website of the grantmaker from whom I am seeking funding and have included in this application any additional materials and attachments required by that funder.