

## Capital/Construction/Renovation Proposal Application

This application is formatted as a fill-in form. Once completed, the application should be downloaded and required signatures obtained. The application and required documents may be scanned and submitted electronically to the Foundation by following the instructions included at the end of the application.

### I. ORGANIZATION INFORMATION

Legal Name of Organization (as shown on IRS Determination Letter):

\_\_\_\_\_

Exempt ID # (EIN): \_\_\_\_\_ Date of most recent IRS Letter: \_\_\_\_\_

Year Organization Established: \_\_\_\_\_ Website: \_\_\_\_\_

Mission Statement: *(20 words or less)*

Give a brief overall description of the organization as it relates to its mission and programming:

Number of Paid Employees: Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

**Volunteers:** Describe the capacity in which volunteers serve the organization. Include the number of volunteers involved annually in the organization.

Is the organization an affiliate/ branch of a national, regional or state-wide organization?

Yes  No

If so, is the organization required to provide funding to the affiliate?  Yes  No

## II. CONTACT INFORMATION

Name of Chief Staff Executive: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address, City and Zip:

Mailing Address, City and Zip (If different from above.):

Main Phone: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Line: \_\_\_\_\_

## III. FINANCIAL INFORMATION

Fiscal Year End Date: \_\_\_\_\_

Current Fiscal Year Operating Budget: Revenues \_\_\_\_\_ Expenses \_\_\_\_\_

Provide budgeted/actual financial data for the three prior years. (Prior year figures should reconcile with your Form 990)

Fiscal Yr	Budgeted Revenue	Budgeted Expense	Actual Revenue	Actual Expense
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FY \_\_\_\_\_

FY \_\_\_\_\_

FY \_\_\_\_\_

% of Budget spent on the following: Programs \_\_\_\_\_ Fundraising \_\_\_\_\_ M&G \_\_\_\_\_

**Percentage of revenue base received from:**

Churches: % \_\_\_\_\_  
Civic Clubs: % \_\_\_\_\_  
Government Contracts: % \_\_\_\_\_  
Federal Government: % \_\_\_\_\_  
State Government: % \_\_\_\_\_  
City Government: % \_\_\_\_\_  
County Government: % \_\_\_\_\_  
Corporate Donors: % \_\_\_\_\_  
Individual Donors: % \_\_\_\_\_  
Foundations: % \_\_\_\_\_  
Tuition/Fees: % \_\_\_\_\_  
United Way: % \_\_\_\_\_  
Endowment/Interest: % \_\_\_\_\_  
Fundraising events: % \_\_\_\_\_  
Other: % \_\_\_\_\_

*Specify Other:*

**Current Year Fundraising Information:**

Gross amount of event fundraisers: \$ \_\_\_\_\_

Special event expenses: \$ \_\_\_\_\_

Net of fundraisers: \$ \_\_\_\_\_

Does the Board have a reserve policy?  Yes  No

If so, what is the total of the organization's current reserve? \_\_\_\_\_

Does the Board have an endowment fund?  Yes  No If so, how much? \_\_\_\_\_

Amount of earnings available annually for expenditure: \_\_\_\_\_

**IV: CAPITAL/CONSTRUCTION/RENOVATION INFORMATION:**

Contact Person for Capital/Construction/Renovation Project: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address, City and Zip:

Mailing Address, City and Zip (If different from above.):

Main Phone: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Line: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Total Capital/Construction/Renovation Cost: \$ \_\_\_\_\_

Specific Amount Requested from The George Foundation: \$ \_\_\_\_\_

Time frame for disbursement of grant funds: *(from mm/yyyy to mm/yyyy)* \_\_\_\_\_

What geographical area is served by the project?

- Fort Bend County:
- East Fort Bend County:
- West Fort Bend County:
- Multiple Counties:

Purpose of request: *(20 words maximum)*

Please give a brief executive summary of Capital/Construction/Renovation project.

**How will the capital/construction/renovation project impact the current services and programs of the organization?**

**V: CAPITAL/CONSTRUCTION/RENOVATION FUNDRAISING:**

When was the fundraising authorized by the organization's governing board? \_\_\_\_\_

When will the capital campaign begin and end? Begin: \_\_\_\_\_ End: \_\_\_\_\_

What current pledges and receipts have been received? Pledges: \$ \_\_\_\_\_  
Receipts: \$ \_\_\_\_\_

What campaign goal must be met in order for the project to begin? \_\_\_\_\_

Construction/Renovation Scheduled Timeline (mm/yy):  
Date of general construction/purchase contract signed: \_\_\_\_\_  
Construction/Renovation start date: \_\_\_\_\_

Estimated costs per square foot: \_\_\_\_\_

Who owns the land on which the capital project will take place?

Will anyone other than the organization own buildings covered by the capital project?

Yes  No If yes, please explain:

Will the building be leased to other occupants?  Yes  No If yes, please explain:

How will the organization use space vacated as a result of the new construction or renovation project?

**VI. BUDGET INFORMATION:**

**Attach to the application, the total project budget, including revenue and expense categories. The budget should be provided in the format in which the organization generally accounts for the use of its funds.**

A large, empty rectangular box with a thin black border, intended for the applicant to provide the total project budget, including revenue and expense categories, in the format used by the organization.

**Using the budget submitted above, list expenditures (categories and amounts) to which funds requested from The George Foundation will be allocated if approved.**

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**Please list any additional funding sources anticipated to support the project expenses. For each funding source indicate amount requested and status of request i.e. to be submitted, pending, funded, or declined. If funded, specify amount and date received.**

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What percentage of board members attend scheduled board meetings? \_\_\_\_\_

Define the Board term limits established in the by-laws (i.e. term length, consecutive terms)?

In the last fiscal year,

Indicate the total amount personally contributed by board members? \_\_\_\_\_

What percentage of board members contributing personally to the organization? \_\_\_\_\_

Amount of money raised by board members in total. \$ \_\_\_\_\_

Are any of the board members related to the organization's chief executive staff?

Yes  No

Does the board engage an outside CPA firm for:  Bookkeeping  General Accounting  
 990 filing  Annual Audit

Does the board approve:

- Budget
- Monthly Financials
- Contracts
- Annual Audit
- Accounting Procedures
- HR Policies
- Fundraising Procedures

Does the board have a strategic plan in place?  Yes  No

When was it last updated (year)? \_\_\_\_\_

How often is the plan reviewed? \_\_\_\_\_

How many of the Board have participated in The George Foundation/Fort Bend Chamber Leadership for Nonprofit Excellence capacity building ----or other leadership training programs?

What procedures does the organization have in place to ensure accountability and transparency?

What oversight is provided to ensure that all legal obligations related to finances are executed and completed in a timely manner?

**VIII. REASON FOR NON-PROFIT STATUS:**

The organization is not a private foundation because it is (Please check only one applicable box.):

- 170(b)(1)(A)(i): A church, convention of churches, or association of churches
- 170(b)(1)(A)(ii): A school
- 170(b)(1)(A)(iii): A hospital or a cooperative hospital service organization
- 170(b)(1)(A)(v): A Federal, state or local government unit
- 170(b)(1)(A)(iii): A medical research organization operated in conjunction with a hospital
- 170(b)(1)(A)(iv): An organization operated for the benefit of a college or university owned operated by a government unit
- 170(b)(1)(A)(vi): An organization that normally receives a substantial part of its support from governmental unit or from the general public
- 170(b)(1)(A)(vi): A community trust
- 509(a)(2): An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30,1975.
- 509(a)(3): An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).

**IX. BOARD CHAIR AND CHIEF STAFF EXECUTIVE INFORMATION**

**NAME OF BOARD CHAIR:** \_\_\_\_\_

**Business Affiliation (if applicable):** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Street Address, City and Zip:**

**Mailing Address, City and Zip (If different from above.):**

**Main Phone:** \_\_\_\_\_

**Direct Line:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Fax Line:** \_\_\_\_\_

\_\_\_\_\_  
(Signature/Board Chair)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature/Chief Staff Executive)

\_\_\_\_\_  
(Date Signed)

***Do not forget to include the following supporting documents:***

- 1) A list of current year board/trustee members including their affiliations and contact information
- 2) A copy of the determination letter from the IRS dated within the last five years showing your organization is a qualified 501(c)(3), i.e. do not send the organization's tax exempt form (To obtain a new copy of the determination letter, simply call the IRS toll-free at 877-829-5500 with your organization's name and employer identification number. This process could take up to one month or longer.)
- 3) List of the organization's funding partners for the prior year
- 4) Most current approved organizational operating budget
- 5) Most current Audit and Form 990

***The Foundation encourages grant seekers to submit the completed application and all required supporting documents electronically to:***

**[Grants@thegeorgefoundation.org](mailto:Grants@thegeorgefoundation.org)**

***If submission must be mailed, please mail one unbound copy and all required supporting documents to the following:***

***Grant Department  
The George Foundation  
310 Morton Street, PMB Suite C  
Richmond, TX 77469***