



# PHILANTHROPY NORTHWEST COMMON GRANT APPLICATION FORM

*Updated (September 2017) for use at The Norcliffe Foundation*

APPLICATION MADE TO: The Norcliffe Foundation

DATE: \_\_\_\_\_

APPLICANT ORGANIZATION

NAME: \_\_\_\_\_

EIN: \_\_\_\_\_

ADDRESS: (included street address if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year organization incorporated: \_\_\_\_\_

Is the name at left the same as it appears on the IRS Letter of Determination? Yes  No

If not, explain: \_\_\_\_\_  
\_\_\_\_\_

ORGANIZATIONAL WEBSITE: \_\_\_\_\_

CHIEF EXECUTIVE'S NAME & TITLE: \_\_\_\_\_

CONTACT'S NAME & TITLE (if different): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**ORGANIZATIONAL DEMOGRAPHICS:**

Number of full time staff: \_\_\_\_\_

Number of part time staff: \_\_\_\_\_

Number of volunteers: \_\_\_\_\_

GEOGRAPHIC AREA: \_\_\_\_\_

\_\_\_\_\_

OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**SOURCES OF INCOME:**

|            |         |         |                                    |         |
|------------|---------|---------|------------------------------------|---------|
| Government | Federal | _____ % | Fees/Earned Income                 | _____ % |
|            | State   | _____ % | Individual Contributions           | _____ % |
|            | County  | _____ % | Corporate and/or Foundation Grants | _____ % |
|            | City    | _____ % | Special Events                     | _____ % |
|            |         |         | Memberships                        | _____ % |
|            |         |         | Other                              | _____ % |

\_\_\_\_\_ PROPOSAL \_\_\_\_\_

AMOUNT OF THIS REQUEST: \$ \_\_\_\_\_

TIME FRAME IN WHICH FUNDS WILL BE USED: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

Check one of the following:

GENERAL OPERATING SUPPORT

PROJECT SUPPORT

\_\_\_\_\_

If for project support, complete the following:

PROJECT NAME: \_\_\_\_\_

TOTAL PROJECT COST: \$ \_\_\_\_\_ PERCENT THIS REQUEST OF PROJECT TOTAL: \_\_\_\_\_%

PROJECT TYPE:

- Capacity Building
- Capital & Infrastructure
- Specific Program
- Other (describe) \_\_\_\_\_

\_\_\_\_\_

1. ORGANIZATION'S MISSION STATEMENT:

2. BRIEF DESCRIPTION OF THE REQUEST:

**Please include the following information in your proposal narrative (limited to no more than 4 pages):**

**1. APPLICANT ORGANIZATIONAL BACKGROUND**

Include organizational mission statement and purpose, organizational qualifications, history of accomplishments, governance, area and population served, role or volunteers. (If this is a collaboration, describe the lead agency and its relation to others involved.)

**2. NEEDS STATEMENT**

Identify the needs your agency or this proposal will address. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.

**3. PROPOSAL**

- A. How will your proposal address identified needs?
- B. Projected goals, objectives, timeline, and anticipated impact.
- C. Expected role of volunteers.
- D. Number and types of people who will benefit from your proposal.
- E. How will you monitor your work and how will you measure success or effectiveness?
- F. What are your other potential and actual sources of support for this proposal?  
Where do you expect to find future support?

**4. APPROPRIATENESS TO FUNDER'S MISSION**

Explain how your project or program meets our guidelines and criteria.

**5. ADDITIONAL INFORMATION**

Please address here anything else about your organization or project you think is relevant to this proposal.

## ATTACHMENTS

Please be sure to include the following attachments with your request:

- 1) **An IRS 501(c)3 determination letter**
- 2) **A list of the board of directors**
- 3) **A list of key organizational staff, including titles and main functions**
- 4) **Financial information:**
  - a. **Operating and project budget**  
Organization's current year operating budget. If you are applying for a specific program or project, please also include a detailed program or project budget.
  - b. **Income & expense summary**  
A one-page summary of actual income and expenses for the past two complete years (including funding sources and amounts received from these sources).
  - c. **Fundraising plan & status**  
Current funding received, denied, pending, and planned - identifying the amount & source. If you are applying for a project, please include this information for the specific project. If your application is for general operating, please include this information for your entire organization.
  - d. **Audited financial statements (if available) or an organizational balance sheet**

Proposals need to be snail mailed (please do not require a signature) to:

Mary Pigott, President  
c/o Jennifer Beatty, Foundation Manager  
The Norcliffe Foundation  
999 Third Avenue, Suite 1006  
Seattle, WA 98104

You will receive notice of receipt of your application within one to two weeks. Notification of a funding decision may take as little as three weeks or up to six months.