

**Organization Grant Application Form**

**Cover Sheet**

**ORGANIZATION INFORMATION**

Date of application: \_\_\_\_\_

Name of organization:		
Legal name, if different:		
Address:		
City, State, Zip:		
Employer Identification Number (EIN):		
Phone:	Fax:	Web site:
Name of highest salaried staff member:		
Title:	Phone:	E-mail:
Contact person regarding this application:		
Title:	Phone:	E-mail:

Is your organization an IRS 501(c)(3) not-for-profit?  Yes  No  
 IF NO, is your organization a public agency or unit of government?  Yes  No  
 IF NO and you are an educator or school, contact Cruisin' The Boulevard to obtain Educational Institution/Educator form.  
 IF NO, contact Cruisin' The Boulevard, Inc. for details on using a fiscal agent, and list name and address of fiscal agent:

\_\_\_\_\_ Fiscal agent's EIN: \_\_\_\_\_

**PROPOSAL INFORMATION**

Please give a 2-3 sentence summary of request:	
Population served:	Geographic area served:

Funds are being requested for (check one):  
 General operating support       Start-up costs       Capital  
 Project/program support       Technical assistance

Project dates (if applicable): \_\_\_\_\_ Fiscal year end: \_\_\_\_\_

**BUDGET**

Dollar amount requested:	\$
Total annual organization budget:	\$
Total project budget (for support other than general operating):	\$

**AUTHORIZATION:** Name and title of highest salaried staff member or chair of board of directors:

\_\_\_\_\_ Signature: \_\_\_\_\_

**Cruisin' The Boulevard, Inc. – P.O. Box 4412, Petaluma, CA 94955 ~ (707) 762-3394**  
**Organization Grant Application Form**

**Grant Proposal Narrative**

I. Organization Information

Please provide the following:

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.

II. Purpose of Grant

*General operating proposals:* Complete Section A below and move to Part III - Evaluation.

*All other proposal types:* Complete Section B below and move to Part III - Evaluation.

**A. General Operating Proposals**

1. How will receipt of this grant contribute to the health and welfare of Petaluma, California?
2. The opportunity, challenges, issues or need currently facing your organization.
3. Overall goal(s) of the organization for the funding period.
4. Objectives or ways in which you will meet the goal(s).
5. Activities and who will carry out these activities.
6. Time frame in which this will take place.
7. Long-term funding strategies.

**B. All Other Proposal Types**

1. Situation
  - a. The opportunity, challenges, issues or need.
  - b. How this focus was determined and who was involved in the decision-making process.
2. Program, project, activities
  - a. Overall goal(s) regarding the situation described above.
  - b. Objectives or ways in which you will meet the goal(s).
  - c. Description of proposed or ongoing program, project or activities for which you seek funding.
  - d. Who will carry out the program, project or activities?
  - e. Time frame in which this will take place.
  - f. How is or will the proposed or ongoing program, project or activities benefit the health and welfare of the community of Petaluma, California. Be thorough in describing the impact you expect to have.
  - g. Long-term funding strategies (if applicable) for sustaining this effort.

III. Evaluation

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

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**ATTACHMENTS**

Please attach the following to this application:

1. Finances

- Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses.
- Organization budget for current year, including income and expenses.
- Project Budget, including income and expenses (if not a general operating proposal).
- Additional funding organizations: List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

2. List of board members and their affiliations.

3. Brief description of key staff, including qualifications relevant to the specific request.

4. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.

5. If any director, officer, trustee or employee of Cruisin' The Boulevard, Inc. is involved with your organization, list names and involvement.

**PROPOSAL CHECKLIST**

- Cover letter.
- Cover sheet.
- Proposal narrative.
- Organization budget.
- Project budget (if not general operating grant).
- Financial statements, preferably audited, showing actual expenses including:
  - Balance sheet.
  - Statement of activities (income and expenses).
  - Statement of functional expenses.
- List of additional funders.
- List of board members and their affiliations.
- Brief description of key staff.
- IRS determination letter.
- Confirmation letter of fiscal agent (if required).

## Organization Grant Application Form

### ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please submit it in its original form. If necessary, attach a budget narrative explaining your numbers.

### INCOME

<u>Source</u>	<u>Amount</u>
<b>Support</b>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
<b>Revenue</b>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

### EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$ _____
Insurance, benefits and other related taxes	\$ _____
Consultants and professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expense</b>	<b>\$ _____</b>
<b>Difference (Income less Expense)</b>	<b>\$ _____</b>

**Cruisin' The Boulevard, Inc. – 1165 San Rafael Dr., Petaluma, CA 94954 ~ (707) 763-6315**  
**Organization Grant Application Form**

<b>PROJECT BUDGET</b>
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This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please submit them in their original format. If necessary, attach a budget narrative explaining your numbers.

**INCOME**

<u>Source</u>	<u>Amount</u>
<b>Support</b>	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
 <b>Revenue</b>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
 <b>Total Income</b>	 <b>\$</b>

**EXPENSES**

<u>Item</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
<b>SUBTOTAL</b>	<b>\$</b>	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
<b>Total Expense</b>	<b>\$</b>	
<b>Difference (Income less Expense)</b>	<b>\$</b>	