**The Harlene & Marvin Wool Foundation**

**GRANT APPLICATION**

Annual Application Deadline: September 3rd

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| --- |
| Date of Application  |
| Grant Request  $ |

**APPLICATION INFORMATION**

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| Legal Name of Organization  |
|  |
| Doing Business as (if different from legal name) |
| EIN# |
| Address  |
| Phone Number Fax Number  |
| Website  |
| Executive Director  |
| Phone Email  |
| Contact Person/Title (if not Executive Director) |
| Phone Email  |
| Board President |
| Phone Email |
| Is your organization IRS 501(c)(3)? YesNo |
| If no, please explain; who is fiscal agent?  |
|   |
|  |
| Organization’s Mission Statement  |
|  |
| Briefly state your organization’s current programs and accomplishments  |
| Total annual organizational budget (for current year) $ |
| Organization fiscal year  From\_\_\_\_/\_\_\_\_/\_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ mo/ day / year mo/ day / year |

|  |  |  |
| --- | --- | --- |
| Number of Full Time Staff  | Number of Part Time Staff  | Number of Volunteers  |

**TYPE OF REQUEST**

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|  Capital Campaign  |
|  Project Support (includes programming) |
|  General Operating Support |
|  Other (explain)  |
|  |
| If project funding or capital campaign is requested:  |
|  Current expense budget for the project funding or capital campaign  |
|   |
|  Listing of major confirmed sources of funding for the project or capital campaign.  |

**PROJECT INFORMATION**

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| --- |
|  Project Name (if applicable)  |
|  |
|  Purpose of Grant (one sentence) or Proposal Summary, in 100 words or less. *This not required*  *for general operating request.* |
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|  Indicate the Wool Foundation objectives that your project will address.  |
|   Education  |
|   Health and Wellness |
|   Community and Cultural Engagement  |
|   Family and Child Empowerment |

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| Community/communities and/or individuals served, in 100 words or less.  |
|  Which of the following sectors will be included in the project? Select all that apply.   Employment skills/preparation Reducing discrimination/racism Nutrition/food security Personal choices/coping skills Academic achievement/support Housing support Arts and culture, theatre, music Public awareness/education  Sport and recreation Research/evaluation Social inclusion and social support Aging independence Health and wellness Transportation support Crime reduction Other |

**EXPECTED RESULTS**

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| Estimate the number of people that will benefit from the project.  |
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| Describe the expected outcomes, benefits, or results participants will gain from their involvement in the project.  |
|  |
| How will you measure and evaluate the overall success of your project? How will you evaluate the results experienced by participants?  |

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| **Recognition of The Harlene and Marvin Wool Foundation** |
| Are naming opportunities available? Yes No |

**BUDGET INFORMATION**

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| --- |
| Total project budget $  |
|  |
| Project time frame: From\_\_\_\_/\_\_\_\_/\_\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ |
|  mo/ day / year mo/ day / year |
| Date(s) funds are needed:  |
|   |

**ATTACHMENTS**

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| --- |
| Please attach the following supporting materials where applicable:  |
| Most recent annual report, if available |
| Audited/reviewed/compiled financial statements for the last fiscal year |
|  OR Organization’s most recent Form 990 |

**APPLICANT DECLARATION**

To complete your application, you must confirm that you understand and agree with all of the following statements:

 I have carefully read and understand the eligibility criteria for this grant. I confirm that the organization I represent meets these criteria.

 I accept the conditions of this program and agree to accept the Wool Foundation Board’s decision.

 I confirm that to the best of my knowledge the statements in this application complete and accurate.

 If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.

 I agree that the organization I represent will return a portion or all the funding if the project is not carried out as described in the application.

 All applicants that receive grant funding for specific projects, programs or capital funding will be expected to submit a report one year after the grant is received or when the project is completed, whichever comes first.

 Name of Authorized Representative (please print) Position

 Signature Date