The Harlene & Marvin Wool Foundation

GRANT APPLICATION
Annual Application Deadline: September 3rd

Date of Application
Grant Request $

APPLICATION INFORMATION

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

☐ 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

Project Name (if applicable)

Purpose of Grant (one sentence) or Proposal Summary, in 100 words or less. *This not required for general operating request.*

Indicate the Wool Foundation objectives that your project will address.

☐ Education
☐ Health and Wellness
☐ Community and Cultural Engagement
☐ Family and Child Empowerment

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
☐ Nutrition/food security
☐ Academic achievement/support
☐ Arts and culture, theatre, music
☐ Sport and recreation
☐ Social inclusion and social support
☐ Health and wellness
☐ Crime reduction

☐ Reducing discrimination/racism
☐ Personal choices/coping skills
☐ Housing support
☐ Public awareness/education
☐ Research/evaluation
☐ Aging independence
☐ Transportation support
☐ Other

EXPECTED RESULTS

Estimate the number of people that will benefit from the project.
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?

Recognition of The Harlene and Marvin Wool Foundation
Are naming opportunities available?   ☐ Yes   ☐ No

BUDGET INFORMATION

Total project budget $
Project time frame: From_____/_____/_____ To _____/_____/_____   mo/ day / year   mo/ day / year
Date(s) funds are needed:

ATTACHMENTS

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