**Small Grant Application Template**

### ***Application Guidance:***

### *For requests of $10,000 or less. There are no word or character limits.*

### *Instead of completing the individual questions below, you may submit as an attachment a Word or PDF document that addresses all of the required questions or an application for the same project that you have prepared for another funder. If you choose to do so, please populate all required fields with “see attachment.”*

### *If you would like to present graphs, charts, infographics, etc., please upload these as attachments.*

***\* Required for consideration.***

# **Organization Information \***

|  |  |
| --- | --- |
| **Organization Name** |  |
| **Address** |  |
| **City, State** |  |
| **Zip Code** |  |
| **Phone Number** |  |
| **Federal Tax ID (EIN)** |  |
| **Web Address** |  |
| **Mission Statement** |  |

# **Contact Information – Organization President/Executive Director \***

|  |  |
| --- | --- |
| **Prefix** |  |
| **First Name** |  |
| **Last Name** |  |
| **Title** |  |
| **Email** |  |
| **Office Phone and Extension** |  |
| **Race/Ethnicity***Options: American Indian or Alaska Native; Asian or Pacific Islander; Black or African American; Hispanic or Latino; White; Multi-racial or bi-racial; Prefer not to respond* |  |
| **Gender***Options: Female, Male, Non-binary; Prefer not to respond* |  |

# **Contact Information – Project Contact \***

|  |  |
| --- | --- |
| **Prefix** |  |
| **First Name** |  |
| **Last Name** |  |
| **Title** |  |
| **Email** |  |
| **Office Phone and Extension** |  |
| **Race/Ethnicity***Options: American Indian or Alaska Native; Asian or Pacific Islander; Black or African American; Hispanic or Latino; White; Multi-racial or bi-racial; Prefer not to respond* |  |
| **Gender***Options: Female, Male, Non-binary; Prefer not to respond* |  |

## **Project Title** **\****25 words or less*

## **Requested Amount \***

## **Project Budget \***

## **Annual Organizational Budget \***

## **Project Start Date \***

## **Project End Date \***

## **Program/Project Description \***

* *Describe the programs and services provided by your organization.*
* *Describe the program/project, including key activities and timeline for implementation. Where applicable, describe the frequency and duration of program activities (for example, the number of program sessions and hours per week or month).*
* *Describe the population and, if applicable, the number of people to be served. For example, please specify if the program will focus on certain ages, populations, or neighborhoods.*

## **Program/Project Objectives and Outcomes \****Please describe how you will know if your program/project is accomplishing what you set out to do.*

## **Authorized Signer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\***

### *By typing your name and title above, you are signifying that you are authorized to submit this grant application on behalf of your organization.*

# **Attachments**

1. **IRS Determination Letter or Proof of Fiscal Sponsorship \***
2. **Most Recent Audited Financial Statement \****If you do not have an audited financial statement, please provide your most recent 990 if your organization is required to file one.*
3. **Detailed Organization Budget \****Upload your organization's annual budget (in any format).*
4. **Detailed Project Budget \***
	* *If requesting general operating support, you may upload your organization’s annual budget (please include sources of revenue).*
	* *For project-specific requests, please use the* [*Abell budget template*](https://abell.org/publication/application-and-report-templates/) *or your own budget format (which should include the same line items included in the Abell template).*
5. **Optional Attachments***You may upload up to ten additional attachments (cover letter, letters of support, news clippings, etc.)*