

**ROCHESTER AREA FOUNDATION
PRE-APPLICATION FOR GRANT PROGRAM**

Date of application: _____

General Information

Name of organization _____

Date Established _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Contact Person _____

Title _____

E-mail _____

Project Director _____

Title _____

E-mail _____

Total Project Budget _____

Amount Requested _____

From _____ To _____
Project Duration (MM-DD-YYYY)

When are funds needed? _____

Agency Information

General description of organization and purpose:

Population served: (including numerical estimates for last year)

Principal geographic area of service:

Organization's fiscal year:

Total operating expenses for the past fiscal year \$ _____ for current year \$ _____

Has the governing board approved a policy which states that the organization does not discriminate as to age, race, religion, sex or national origin? Yes _____ No _____

Does organization have FEDERAL tax exempt status? Yes _____ No _____ Tax ID #: _____

If no, please explain: _____

If no, does organization have a fiscal agent? Yes _____ No _____

(enclose a copy of the fiscal agent agreement)

Has request been authorized by the organization's governing body?

Yes _____ No _____ Date authorized _____

Authorized Signature: _____ Title: _____

Financial Information

1. Total grant request: \$ _____

2. Line item detail for grant expenditure (total should equal sum listed in #1 above):

<i>Description</i>	<i>Amount</i>	<i>Description</i>	<i>Amount</i>
_____		_____	
_____		_____	
_____		_____	

Total grant expenditure: \$ _____

3. Other sources of support:

<u>Source</u>	<u>Secured</u>	<u>Pending</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total			\$ _____

4. Total cost of project: \$ _____

5. If ongoing project, please complete three-year budget projection:

		<u>Projected Income</u>		
<u>Source</u>	<u>Secured</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Total		\$ _____	\$ _____	\$ _____

		<u>Projected Expense</u>		
		<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Personnel		\$ _____	\$ _____	\$ _____
Supplies/Services		\$ _____	\$ _____	\$ _____
Equipment		\$ _____	\$ _____	\$ _____
Miscellaneous		\$ _____	\$ _____	\$ _____
Total		\$ _____	\$ _____	\$ _____

Budget Projection Narrative

For ongoing projects, please describe the financial plan to sustain the project. Discuss funding sources that are unsecure and the plan to obtain support. Please discuss contingency plan if funding is not secure.