

## **THE LEONETTE FOUNDATION GRANT APPLICATION FORMAT**

- A. Cover Letter: Write a one-page cover letter that includes the following:
- Name of the Program
  - Purpose of the Program
  - A strategic reason for the Foundation to consider the program
  - Amount requested for project / program
  - Time period of the project / program

**If your organization has received funding for three consecutive years within the past five years, you are only required to complete sections A & B. All other applicants must complete sections A through D.**

**All Applicants must submit (1) original and (5) copies of required grant information.**

- B. Summary of Applicant: Complete the attached Grant Application (MUST be signed by (2) authorized officers)

- C. Narrative: Please include the following information in any order

1. Agency Information:

- a) Mission statement, brief statement of organization's goals and / or objectives;
- b) Brief Summary of organization's history;
- c) Description of current programs, activities, and accomplishments

2. Purpose of Grant. This section should include the following:

- a) Brief statement of the issue to be addressed; description of constituency served (include number served); target population; how will they benefit?
- b) Description of goals and objectives for the purpose of the grant;
- c) Description of activities planned to accomplish these goals; is this a new or ongoing activity on the part of the sponsoring organization?
- d) Timetable for implementation (if for specific program or capital project);
- e) Other organizations, if any, participating in the activity;
- f) Long term sources/strategies for funding at end of grant period.

3. Evaluation. Please discuss:

- a) Expected results during the funding period;
- b) How you would define and measure success;
- c) How will project's results be used and/or disseminated?

- D. Attachments: Please attach the following:

- 1. Board of Directors
  - a) Occupations and/or community affiliations;
  - b) Anti-discrimination statement adopted by board;
- 2. List of names and qualifications of key staff;
- 3. Most recent fiscal year-end financial statements (audited if available);
- 4. Current agency budget;
- 5. Annual report (if available);
- 6. Program/project budget (if applicable);
- 7. A copy of the original IRS determination letter indicating 501(c)(3) or 509(a) tax exempt status;
- 8. List of major contributors (and amounts) to organization/program (if applicable);
- 9. List of volunteer involvement and in-kind contributions

**The Leonette Foundation**  
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**Reno, Nevada 89533**  
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**SUMMARY OF APPLICANT**

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Executive Director: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Grant:

- General operating (support for organization as a whole)
- Special program/project
- Capital expenditure (purchase of, or additions/improvements to building or equipment)
- Start-up costs
- Technical assistance
- Other (Please explain) \_\_\_\_\_

Organization budget: \_\_\_\_\_ Fiscal year: \_\_\_\_\_  
Program budget: \_\_\_\_\_ Fiscal year: \_\_\_\_\_  
Fiscal year ends: \_\_\_\_\_ Amount of Request: \_\_\_\_\_

How many board members gave monetary gifts to your organization in the past calendar year ?

\_\_\_\_\_

Number of individuals within program priorities of Foundation (i.e. senior citizens/children) affected by grant: \_\_\_\_\_

How did you learn of the existence of this Foundation? Describe any relationship with any Foundation Board Members and / or Officers ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What impact will this program / project have on our community ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you measure success within your organization if grant is approved ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has there been any change or revoking in your IRS determination letter indicating 501 (c) (3) or 509 (a) tax exempt status which we have on file from previous grant requests ?

yes       no

**PROGRAM / PROJECT BUDGET**

Program / Project name: \_\_\_\_\_

Itemized expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Cost (A) \$ \_\_\_\_\_

Funds available for program:	\$ _____
Gifts and grants (pledged or paid)	\$ _____
Trustees	\$ _____
Corporations	\$ _____
Foundations	\$ _____
Individuals	\$ _____
Government	\$ _____
Other (earned income, special events membership, subscriptions, etc.)	\$ _____

Total funds available (B) \$ \_\_\_\_\_

Balance required (A minus B) \$ \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

\_\_\_\_\_  
Signature, President, Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
Signature, Executive Director (or other authorized officer other than the person who signed above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please print name)