



For Office Use Only:	
Date rec'd:	_____
Proposal #:	_____
Category:	_____
P.O.:	_____

CONTACT INFORMATION & SIGNATURES

DATE OF APPLICATION	AMOUNT REQUESTED
TITLE OF GRANT PROPOSAL	DATE(S) GRANT FUNDS WILL BE NEEDED
LEGAL NAME OF THE ORGANIZATION TO WHICH THE GRANT WOULD BE PAID (GRANTEE)	
PRINCIPAL CONTACT PERSON FOR THE ORGANIZATION	TITLE
ADDRESS, CITY, ZIP	
TELEPHONE	FAX NUMBER
E-MAIL	
PRINCIPAL CONTACT PERSON FOR THE IMPLEMENTATION OF THIS PROPOSAL	TITLE
LOCATION (IF DIFFERENT THAN GRANTEE ORGANIZATION)	
ADDRESS, CITY, ZIP	
TELEPHONE	FAX NUMBER
E-MAIL	
GEOGRAPHIC AREA SERVED BY PROJECT/PROGRAM	

To the best of my knowledge and belief, statements in this grant application are true and correct; the governing body of the applicant has duly authorized the document, and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of the grant. We understand that the Millbrae Community Foundation, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with advisors of the Millbrae Community Foundation's choosing. We understand and support this proposal and commit the resources as outlined for the successful implementation of the proposed program/project. We agree that the funds requested, if granted, will be used exclusively for the purposes outlined in this proposal.

BOARD REPRESENTATIVE (signature above) _____ (printed) _____ DATE _____

CHIEF EXECUTIVE OFFICER/ EXECUTIVE DIRECTOR/ PRINCIPAL (signature above) _____ (printed) _____ DATE _____

GRANT WRITER/ AUTHOR OF THIS PROPOSAL (signature above) _____ (printed) _____ DATE _____

Does your organization have federal **tax-exempt status** under the internal revenue code? YES _____ NO _____

If Yes, then identify under which IRS section: _____

Are you requesting funds for a **new program**? YES _____ NO _____; an **existing program**? YES _____ NO _____

Or a **capital request** (i.e. to purchase equipment, build or renovate)? YES _____ NO _____

Are you open to later timeline for subsequent grant consideration? YES _____ NO _____

AWARDING OF GRANTS IS A COMPETITIVE PROCESS. INCOMPLETE APPLICATIONS/PROPOSALS WILL NOT BE REVIEWED



PROPOSAL NARRATIVE GUIDELINES

Proposals should be **no longer than three pages** (excluding covers & attachments) and should follow the outline below.

Executive Summary (1 PARAGRAPH) – Summarize your proposal including: 1) a brief description of the activities; 2) the group or groups served by the proposal; 3) why the program is important for the Community of Millbrae.

Program/Project Description

PROGRAM ACTIVITIES (1-2 PARAGRAPHS) – Provide a more detailed description of the proposed activities including what the proposed program is in response to (i.e., *“lack of opportunities for youth”*) Include any available facts or other evidence to substantiate the importance of the program for the Community of Millbrae.

POPULATION SERVED (1-2 PARAGRAPHS) – Identify the intended beneficiaries of the program including the number of anticipated participants. Describe the extent to which the participants and/or beneficiaries would otherwise be less likely to participate in such an activity.

EXPECTED BENEFITS (1-2 PARAGRAPHS) – Provide a more detailed explanation of the intended results or benefits of the program for those who participate. Include any available evidence to substantiate the effects or benefits of this or similar programs.

PROCEDURES AND TIMETABLE (1-2 PARAGRAPHS) – Describe the specific steps that you will take to carry out your proposed community project and activities and include a time frame for implementation. Please include, beginning date, milestones and ending date.

Organizational Description

MISSION (1-2 PARAGRAPHS) – Provide an overview of your organizational mission and goals, including any special expertise or accomplishments. Explain how the proposed program is consistent with your organizational mission.

HISTORY (1 PARAGRAPH) – Provide a brief summary of your organization history, including the date your organization was established.

CURRENT PROGRAMS (1-2 PARAGRAPHS) – Provide a brief description of your organization’s current programs or activities, including any service statistics and strengths or accomplishments. Please highlight any new or different activities, if any.

Evaluation - Each applicant must include in their proposal how they plan for their project/program to be monitored and evaluated. (If funded, the Millbrae Community Foundation will also supply an evaluation form at the conclusion of the project to be completed and forwarded to the Foundation.)

PLANS (1-2 PARAGRAPHS) – Provide plans for evaluation/monitoring of your proposed activities, including how success will be defined and measured and who will be involved with evaluating this work (staff, board, community, consultants).

SITE VISIT (1 PARAGRAPH) – Will a site visit be possible by the Millbrae Community Foundation representatives to view the project/program in progress? If yes, give an idea of when, where, what and with whom we can visit.

Finances (separate pages)

ORGANIZATIONAL BUDGET – Provide an organizational budget for the current year, including income and expenses.

PROJECT BUDGET – Provide a project budget, including income and expenses.

ADDITIONAL FUNDERS – List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

Proposal Checklist

- Cover Letter
- Cover Sheet
- Proposal Narrative
- Organization Budget (attachment)
- Project Budget (attachment)
- List of additional funders (attachment)
- List of board members and their affiliations (attachment)
- Brief description of key staff (attachment)
- IRS determination letter (attachment)

Deadline

Completed applications/proposals must be **received** no later than 5:00 PM on June 30th (or by 5:00 PM on the Friday proceeding June 30th if June 30th falls on a weekend), at:

Millbrae Community Foundation
P.O. Box 1612, Millbrae, CA 94030



**Millbrae
Community
Foundation**
GRANT APPLICATION

ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<u>Support</u>	
Government grants	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events and products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____
Investment income	\$ _____
<u>Revenue</u>	
Government contracts	\$ _____
Earned income	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$ _____
Insurance, benefits and other related taxes	\$ _____
Consultants and professional fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and copying	\$ _____
Telephone and fax	\$ _____
Postage and delivery	\$ _____
Rent and utilities	\$ _____
In-kind expenses	\$ _____
Depreciation	\$ _____
Other (specify)	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____
Difference (Income less Expense)	\$ _____

