|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Grant Proposal: ***TEMPLATE*** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | *The administrative steps necessary to complete a fiscal sponsorship are described here.* |  |
|  |  | **Administrative Steps** |  |
|  |  | *This grant proposal document is the first of two documents. If this grant proposal is* |  |
|  |  |  |  | *approved, both parties will subsequently execute a grant agreement.* |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | **Step 1** |  | The person or entity that wants to do the event, program, or project (Project) completes this |  |
|  |  | **GRANT PROPOSAL** |  | written grant proposal and submits it to Community Foundation of Acadiana (Foundation) |  |
|  |  |  |  | for its consideration. The grant proposal must specifically describe the Project to be |  |
|  |  |  |  | conducted and substantiate its charitable objective(s). |  |
|  |  |  |  |  |  |  |
|  |  | **Step 2** |  | The Foundation will evaluate this grant proposal to determine whether the Project is, in fact, |  |
|  |  | **EVALUATION** |  | charitable and furthers the Foundation’s tax-exempt purposes. |  |
|  |  |  |  |  |  |  |
|  |  | **Step 3** |  | The Foundation’s Board of Directors reviews and approves the Project as furthering its |  |
|  |  | **RESOLUTION** |  | exempt purposes. In a board resolution, the Foundation states its conclusions and approves |  |
|  |  |  |  | a grant to the Project, to be funded to a certain amount (reflective of the submitted Project |  |
|  |  |  |  | budget), and only to the extent that the Foundation receives outside funds for the Project. |  |
|  |  |  |  |  |  |  |
|  |  | **Step 4** |  | The Foundation and the Grantee execute a grant agreement detailing all terms and conditions |  |
|  |  | **FISCAL SPONSORSHIP** |  | that apply to the Project’s use of the grant and relations with funding sources. This will |  |
|  |  | **GRANT AGREEMENT** |  | include any specific work to be performed by the Project using grant funds. For the time |  |
|  |  | *(executed between parties)* |  | frame as indicated below, the Foundation serves only as the fiscal sponsor of the Project. |  |
|  |  |  |  |  |  |  |
|  |  | **Step 5** |  | It is the sole responsibility of the Project to solicit and secure funds for the specific grant to |  |
|  |  | **FUNDRAISING** |  | be made by the sponsor (Foundation) to the Project. [The Foundation does not actively solicit |  |
|  |  |  |  | funds; however, the Foundation does make this option available on its website (which could |  |
|  |  |  |  | include a separate page) and must approve all marketing and solicitation materials. The |  |
|  |  |  |  | Foundation may consider direct solicitations depending on the Project. Checks should be |  |
|  |  |  |  | made payable to Community Foundation of Acadiana; name of the Project/Fund should be |  |
|  |  |  |  | on the memo line. (The Foundation may also consider initiating a press release for publicity.)]. |  |
|  |  |  |  |  |  |  |
|  |  | **Step 6** |  | All contributions and grants received by the sponsor (Foundation) for the Project are segregated |  |
|  |  | **DISBURSEMENTS** |  | to a restricted fund for the Project and then disbursed as a grant (or grants) to the person or |  |
|  |  |  |  | organization conducting the Project, subject to the terms of the grant agreement. |  |
|  |  |  |  |  |  |  |
|  |  | **Step 7** |  | The Project makes periodic written reports to the sponsor, in accordance with the |  |
|  |  | **REPORTS** |  | grant agreement, showing its actual expenditures of grant funds and its progress toward |  |
|  |  |  |  | accomplishing the purposes of the grant. |  |
|  |  |  |  |  |  |  |
|  |  |  |  | 1 |  |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Grantee Name** | *What is the name of the Grantee that ‘owns’ the Project, is responsible for its execution and completion,* |  |
|  |  |  | *and is submitting this grant proposal?* |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Grantee Name: |  |  |  |
|  |  |  | *What is the classification of the Grantee that ‘owns’ the Project, is responsible for its execution* |  |
|  |  | **Grantee Classification** |  |
|  |  |  |  | *and completion, and is submitting this grant proposal?* |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 Individual (Sole Proprietor)



 Tax-exempt entity [501(c)(3)]



 Tax-exempt entity [other than a 501(c)(3)]



 Partnership



 Business Corporation



 Other:



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **EIN or SSN** | *What is the Federal Employer Identification Number (EIN) or Social Security Number* |  |
|  |  |  | *of the aforementioned Grantee?* |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | EIN: |  |  |  |
|  |  | SSN: |  |  |  |
|  |  |  |  | *Please provide the Foundation with one or more of the following to verify classification.* |  |
|  |  | **Documentation** |  |
|  |  |  |  | *Please attach to this grant proposal.* |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



 IRS Form W-9



 Letter of Determination (tax-exempt status)



 Receipt of taxpayer identification number from IRS



 Form SS-4



 Governing documents



*If Grantee is a tax-exempt entity, partnership, or business corporation, please provide board resolution or* **Resolution** *corporate resolution that gives representative listed here authority to submit this grant proposal and,*

*subsequently, to execute the Fiscal Sponsorship Grant Agreement.*

**

**Representative Profile** *What is the name of the individual representing the Grantee and completing this proposal?*

**

Full Name of Applicant *(First, Middle, Last)*

**

Preferred Salutation



Preferred Mailing Address *(Home, Business)*

**

Primary Phone *(Home, Cell, Business)*

**

Other Phone *(Home, Cell, Business)*

**

Primary Email Address *(Home, Business)*

**

2

**Project Name** *What is the name of the event, program, or project (Project)?*

**

Name:



**Time Frame** *What is the date of this Project? What is the start date and end date? What is the time-frame?*

**

Start Date: End Date: Time Frame:



*IMPORTANT: Community Foundation of Acadiana will only consider this grant proposal*

**Project Description** *if it is concluded that the Project, in fact, furthers the tax-exempt purposes of the Foundation. As such, please provide a clear and concise explanation and rationale for this proposal here.*

*(Failure to provide sufficient explanation and rationale could result in rejection of grant proposal.)*

**

**Please provide clear and concise answers/explanations to the following:**

****

Describe and explain this Project.



How is this Project charitable and/or philanthropic? What is the charitable and/or philanthropic objective(s) of this Project?



3

Who/What will benefit (charitably and/or philanthropically) as a result of this Project? What is the charitable and/or philanthropic benefit to our community/communities?



What (if any) is the geographic focus of this Project? That is, will this Project benefit the population in one or more of parishes in the Foundation’s primary service area (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, and Vermilion); another area; another state?



An explanation of how grant funds will be used. (This will also be included in budget.)



4

Will there be any personal remuneration as a result of this Project? If so, explain. (This will also be included in budget.)



*The Foundation will require that the Project carry adequate liability insurance, and other insurances,*

**Insurance(s)** *if necessary. The Foundation will require that it be named additionally insured on said policy(ies). The Project will have to provide proof of the aforementioned.*

**

**Grant Amount Requested**

**and Budget**

*Please state here the grant proposal amount requested for this Project and provide a budget that substantiates this. (Project budget can be modified.)*

**

Grant proposal amount(s):



*Community Foundation of Acadiana can receive (not solicit) tax-deductible contributions from a variety*

*of sources in order to make a grant(s) per this proposal and to realize this Project. Said contributions will be* **Contributions** *segregated to a restricted fund for purposes of this Project. The Foundation will have complete discretion and*

*control over the funds. The Foundation will fund the Project only to the extent that sufficient contributions are received from donors, and after approval of grant recommendations.*

**

**Please identify the expected source(s) of gifts to the Foundation for this grant proposal.**

****

|  |  |
| --- | --- |
| Individual contributions | Fundraising (see the Foundation’s fundraising policy) |
| Corporate contributions | Other: |
| Private foundation grants |  |



**Applying for External Grants**

****

*The Grantee may be interested in applying for grants from various sources for the Project. As such, this is solely the responsibility of the Grantee and not that of the Foundation. Further, the Grantee may desire that such grants be made directly to the Foundation and naming the Foundation as the direct recipient. Because of the reporting and responsibilities surrounding such grants, the Foundation will generally not accommodate this. However, the Foundation can consider special arrangements or opportunities on a case by case basis.*

**

**Number of**

**Contributions**

*Please estimate the number of actual contributions the Foundation can expect to receive for this Project (by range). (Checks should be made payable to Community Foundation of Acadiana; name of the Project/Fund should be on memo line.)*

**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 to 25 | 26 – 50 | 51 – 75 | 76 – 100 | more than 100 |



*The Foundation will provide gift acknowledgements to all donors for tax purposes.* **Gift Acknowledgements** *HOWEVER, it will ONLY do so after it receives DETAIL from the Project regarding*

*the value of goods or services each donor receives, if any.*

**

5

*Advisors of existing donor-advised funds at the Foundation can recommend grants from such* **Donor-Advised Funds** *funds to support this Project. HOWEVER, advisors and related parties are prohibited from*

*receiving any goods or services and must forfeit same.*

**

**Number of**

**Disbursements**

*Please estimate the number of actual disbursements (grants) the Foundation can expect to make for this project (by range).*

**

|  |  |  |
| --- | --- | --- |
| 1 to 10 | 11 – 25 | more than 25 |



**Type(s) and Frequency**

**of Disbursements**

*Any individual or organization receiving any grant disbursement will be required to provide a W-9 and will receive an IRS Form 1099 at year-end.*

**

Types of disbursements can expect to make for this Project:



 Salary, taxes, and/or employee benefits for \_\_\_\_\_\_\_\_\_\_\_\_ person(s).



 Invoices



 Other:



Frequency of expected disbursements:



|  |  |  |  |
| --- | --- | --- | --- |
| weekly | bi-weekly | monthly | other: |



*The Foundation is responsible for all administrative aspects of the fund associated with this Project,*

*including grants verification and contribution processing, generation of fund statements, annual audit,* **Administrative Fee** *filing annual IRS Form 990 and other philanthropic services. Our Administrative Fee is very*

*competitive with commercial gift funds and private foundations.*

**

The Foundation requires a minimum administrative fee of $500 for a fiscal sponsorship. The actual fee will be the greater of the minimum administrative fee and 5% of all contributions (gifts, grants, donations, etc.) it receives for this Project. **HOWEVER**, the Foundation can consider a ‘cap’ on its Administrative Fee, depending on answers to the aforementioned ‘Number of Contributions,’ ‘Number of Disbursements,’ and ‘Type(s) and Frequency of Disbursements’ sections.



**Addendum(s)** *Please indicate addendums attached to this proposal, if any.*

**

 Documentation verifying separate legal entity status



 Copy of board or corporate resolution giving representative authority to submit grant proposal



 Proposed Project budget



 Other:



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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Signature** | ***Representative’s signature indicates an understanding of the aforementioned and executes a formal grant*** |  |
|  |  | ***proposal to the Foundation for its consideration.*** |  |
|  |  |  |  |  |
|  |  |  |  |  |

***REPRESENTATIVE***

******

REPRESENTATIVE



NAME (PRINT)



DATE

|  |  |  |
| --- | --- | --- |
|  |  | ***F O R F O U N D A T I O N U S E O N LY .*** |
| ***This grant proposal is:*** |  |  |
|  | ***Approved*** | ***Date:*** |  |
|  | ***Not Approved*** | ***Date:*** |
| ***Comments:*** |  |  |
|  |  |  |  |
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