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| **Grant Application Cover Sheet** |
| Grantmaker to whom this application is submitted: | Prevention is Key Foundation |
| Application Date:  |  | Org Website:  |  |
| Applicants Legal Name: (as shown on IRS Letter of Determination) |  |
| Doing Business As: (if different from legal name) |  |
| EIN #: |  |
| Address: |  |
| City:  |  | State:  |  | Zip code:  |  |
| Telephone #: |  | Fax #:  |  |
| Executive Director:(or Top Executive) | (Please include prefix and title) | Phone #: |  |
| Email Address: |  |
| Main Contact(s) for this Proposal:  | (Please include prefix and title) | Phone #:  |  |
| Email Address: |  |
| Board President: |  | Phone #: |  |
| Email Address: |  |

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| Applicant’s tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc) | (Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination) |

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| Organization’s mission statement: |
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| Name of Proposed Project/Program:  |  |
| Proposal Summary - In 100 words or less summarize the purpose of this request. |
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| Funding Period:  | 10/15/24 through 8/15/25 | Amount Requested: | $ |
| Total Project Budget for this period: | $ | Current Annual Organizational Budget: | $ |
| Organization Fiscal Year: |  / / through / / |
| Geographic Area(s) Served:(include specific counties) |  |

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| Agreement |
| *I certify to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities, nor will funds be used for legislative lobbying or other political purposes. In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders. I understand that funding for this particular grant may be rescinded if the applying organization uses funds in a manner different from the purposes established in this grant application.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature, Executive Director Date* |

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| **NARRATIVE** |
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| **SECTION A: ORGANIZATIONAL INFORMATION** |
| **1. Summary of organization’s history.** |
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| **2. Description of the organization’s current programs, activities, number served annually, and accomplishments.** |
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| **SECTION B: NEEDS STATEMENT** |
| **3. What are the community needs or problems to be addressed by this project? Why is this issue important?** |
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| **SECTION C: PROJECT INFORMATION** |
| **4. Who will be served by this grant (describe) and how many will be served?** |
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| **5. What are your project goals?**  |
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| **6. What activities do you intend to engage in or provide to achieve these goals?**  |
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| **7. What are the anticipated short and long-term measurable outcomes that would be achieved by this grant?**  |
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| **8. What is the timeline for implementation of this grant?** |
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| **9. Describe the extent to which this proposed project is based on approaches that have been shown to be effective in the past or in other settings.**  |
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| **SECTION D: EVALUATION** |
| **10. What is your organization’s evaluation process? How do you plan to track and measure the effectiveness of your project** *(e.g., intake sheets, participation checklists, pre/post surveys, client questionnaires, follow-up surveys, etc)?* |
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| **REQUIRED ATTACHMENTS** |
| 1. **A copy of the current IRS Letter of Determination indicating tax-exempt status.**
2. **List of current board of directors including their professional affiliations (name of organization of employment).**
3. **The signed grant agreement between the organization and the fiscal agent/fiscal sponsor (*sent by PiK after grant application approval)*.**
4. **Financials**
	* Project Budget *(must use excel template included as part of this application)*
	* Internally prepared income statement for current fiscal year
		1. Complete copy of organization’s audited/reviewed/compiled financial statements for the last fiscal year which includes two (2) years of financial information**OR**
		2. Organization’s most recently filed Form 990
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