

Dripping Springs Community Foundation
GRANT APPLICATION

Date: _____ Name of Applicant: _____

Street Address: _____ City/State/Zip: _____

Mailing Address: (if other than above)

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Has your organization ever received a grant from the Dripping Springs Community Foundation? _____ Yes _____ No

If yes, please attach a list of the grant(s) received including the amount of the grant, the date the grant was received and how the funds were used.

Amount of current request: \$_____ Total Project/Program Cost: \$_____

Describe the project/program for which you are requesting funding.

Current operating budget for you organization:

\$ _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. List other sources of support for the proposed project or program, including total contributions committed to date.
2. State your organization's mission, goals and major achievements.
3. Describe the project including the need, the background, specific activities, their expected achievements and their evaluation.
4. Provide a complete project/program budget including facilities, equipment and staff support.
5. If awarded, how will DSCF funds be used in relation to the total cost and how will additional funds, if any, be obtained.
6. When will the proposed project/program be implemented and completed?
7. How will you measure the success or completion of the project?
8. Who are the key personnel in the program/project and what are their roles?
9. Who will benefit from this program or project? Include the expected number of persons to be served by the project/program.
10. How will your organization publicly recognize DSCF's grant?

PLEASE INCLUDE A COPY OF:

- Your most recent annual report and/or financial statement and audit (or Form 990)
- A copy of your annual budget
- A copy of your IRS letter of determination of 501(c)(3) status
- A list of your directors and officers

PLEASE SUBMIT THE ORIGINAL AND THREE COPIES OF YOUR PROPOSAL TO:

Dripping Springs Community Foundation
P.O. Box 1684
Dripping Springs, TX 78620

Chairman or President of the Board: _____

Signature: _____

Date: _____