



FONTANA FOUNDATION OF HOPE

Foundation Use Only: Donation: _____

Donation Application

Organization / Agency Information

<i>Organization/Agency Name:</i>		
<i>Physical Address:</i>		<i>City/State/Zip</i>
<i>Mailing Address:</i>		<i>City/State/Zip</i>
<i>CEO or Director:</i>		<i>Title:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>Email:</i>
<i>Contact Person:</i>		<i>Title:</i>
<i>Phone:</i>	<i>Fax:</i>	<i>Email:</i>
<i>Web Site Address:</i>		<i>Tax ID:</i>

Program Information

<i>Program / Project Name:</i>		
<i>Amount of Donation Requested:</i>	<i>Total Organization Budget:</i>	<i>Percentage of Organization's Total Budget used for Administration:</i>
<i>Purpose of Donation Request:</i>		

Signatures

<i>Board President / Chair: (please print)</i>	<i>Title:</i>
<i>Signature:</i>	<i>Date:</i>
<i>CEO / Director: (please print)</i>	<i>Title:</i>
<i>Signature:</i>	<i>Date:</i>

**** Note: Submit 7 copies: 1 original AND 6 copies of application (cover sheet, narrative, budget) and ancillary documents.**

DONATION APPLICATION

Please provide the following information by answering all questions (I to IV). Please be thorough, clear, specific, and concise.

I. Organization/Agency Background:

- A. What is the history, mission and purpose of your organization?
- B. How long has the organization been providing programs and services to the community?
- C. What are some of your past organizational accomplishments (last three years)?
- D. What are some of your current programs and activities? (Include populations and geographic locations served.)

II. Project Information:

- A. Statement of Need
 1. Specify the community need you want to address and are seeking funds for:
- B. Project Goal, Objectives and Methodology
 1. State your project goal.
 2. Describe your project.
 3. How does your project meet the community need?
 4. What is unique and innovative about this project?
 5. State up to three objectives. Objectives should be specific, measurable, action-oriented, realistic, and time-specific.
 6. What are the specific activities you will undertake to meet your goal?
 7. How will you use the donated funds?
 8. What is your timeline for implementing the project?
 9. How does this project relate to other existing projects in the community?
 10. Who else in the community is providing this service or has a similar project?
 11. Who are your community partners (if any)?
 12. How are you utilizing volunteers?
- C. Project Outcomes and Evaluation
 1. What are the key anticipated outcomes of the project and impact on participants?
 2. How will you know if you have achieved the expected outcomes?
 3. How will progress towards the objectives be tracked and outcomes measured?

III. Project Future

- A. Explain how you will support this project after the donated funds are exhausted.
- B. Describe your previous and ongoing fundraising activities.

IV. Governance and Executive Leadership

- A. Describe your board and the role it plays in the organization.
- B. How do the board and E.D. work together?
- C. How does the board make decisions?
- D. Do appropriate committees exist?
- E. How often does the board meet?

DONATION APPLICATION

V. Project Budget

A. Please provide a detailed line-item budget for your project by completing the table below. Include all sources of funding for the proposed project.

Line Item Description	Line Item Explanation (Formula/equation used as applicable. Example: 40 books @ \$100 each = \$4000)	Support From Your Agency	Support From Other Funders	Requested Amount From FFOH	Line Item Total of Project
TOTALS:					

VI. Ancillary Documents

- A. Please submit with your completed application:
1. A list of Board Members with their affiliations.
 2. Board meeting minutes from the latest two (2) meetings.
 3. A copy of your most recent year-end financial statements, audited if available.
 4. A copy of your current 501(c)(3) letter from the IRS.
 5. If purchasing equipment, three competitive bids or price quotes.