APPLICANT ORGANIZATION

NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Year organization incorporated: \_\_\_

 ADDRESS: (included street address if different)

CHIEF EXECUTIVE’S NAME & TITLE:

CONTACT’S NAME & TITLE (if different):

TELEPHONE NUMBER: FAX NUMBER:

ORGANIZATIONAL DEMOGRAPHICS:

Number of full-time staff: Number of part time staff: Number of volunteers:

GEOGRAPHIC AREA:

OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR:

Fiscal Year:

From To

PROPOSAL

AMOUNT OF THIS REQUEST: $

FUNDS NEEDED BY:

Check one of the following:

🞏 GENERAL OPERATING SUPPORT

🞏 PROJECT SUPPORT

If for project support, complete the following:

PROJECT NAME:

TOTAL PROJECT COST: $

PERCENT THIS REQUEST OF PROJECT TOTAL: %

PROJECT COST PER CLIENT (if applicable): $

PROJECT TYPE:

1. WHO WILL PROJECT SERVE:
2. HOW MANY WILL PROJECT SERVE:
3. WHAT GEOGRAPHIC AREA WILL PROJECT SERVE**:**

FUNDERS REQUEST THAT YOU LIMIT THE LENGTH OF YOUR ANSWERS FOR THE FOLLOW-ING QUESTIONS TO NO MORE THAN A TOTAL OF FOUR PAGES.

1. APPLICANT ORGANIZATIONAL BACKGROUND

Include organizational mission statement and purpose, organizational qualifications, history of accomplishments, governance, area and population served, role or volunteers. (If this is a collaboration, describe the lead agency and its relation to others involved.)

1. ALIGNMENT WITH PMI-SVC MISSION

Explain how your project or program meets PMI-SVC Mission and Vision:

*MISSION: Promote project management as a profession to the community*

*VISION: To be recognized by practitioners and employers in our community as the essential and preferred choice for support and excellence of project management best practices.*

1. NEEDS STATEMENT

Identify the needs your agency or this proposal will address.

1. PROPOSAL
	1. How will your proposal address the identified needs?
	2. Projected goals, objectives, timeline, anticipated impact.
	3. Expected role of volunteers. \*
	4. Specify planned payments to any individual.
	5. How will you monitor your work and how will you measure success?
	6. What are your other sources of monetary support for this proposal?
2. ADDITIONAL INFORMATION

Please address here anything else about your organization or project you think is relevant to this proposal.

ATTACHMENTS

In addition to the cover letter and the information required on the Grant Application Form, please attach the following:

1. Verification of tax-exempt status under Section 501(c)(3) of the IRS code (if applicable)
2. List of current board members (include member affiliations and any other pertinent information).
3. List of key organizational staff, including titles and main functions.
4. IRS Form 990 (Tax exempt) (if applicable).
5. Most recent audited financial statement (if applicable).
6. A one-page summary of actual income and expenses for the past two complete years; a one-page listing of funding sources and amounts received from these sources over the past two years (if available).
7. Organization’s current year operating budget.
8. A detailed budget of the project for which funds are being sought (if applicable).
9. If the project for which you are seeking funds is a collaboration with other agencies, include letters or other documentation from the collaborating agencies.