



**Organization Profile**

Mission Statement:

Brief history of organization – Background Summary

Number of full-time equivalent staff: \_\_\_\_\_ Part-time: \_\_\_\_\_

Financial Statements: Yes  No  Monthly  Quarterly  Annually

Annual Audits: Yes  No  Last audit prepared: \_\_\_\_\_

Does your organization have an endowment? Yes  No  If yes, how much? \$ \_\_\_\_\_

Do you conduct a review or evaluation of your Executive Director? Yes  No

If yes, how often is the review or evaluation done? \_\_\_\_\_

What method of evaluation is used? \_\_\_\_\_

Organization’s collaborations with other community resources: (List)

**Summary of Proposed Project Funding**

List other funders to which a proposal for this project has been or will be submitted. For each funder, indicate the amount requested and the status of the request.

Foundation/Other Funder	Amount Requested	Status Will be submitted Submitted, Pending	Amount Granted	Comments
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

If additional space is needed, please note and attach separate page and clearly identify.

**Description of Proposed Project: PLEASE FOLLOW THIS FORMAT.**

Do not exceed the space provided.

**State the need and provide evidence of that need:**

**Describe the community that the proposal targets:**

**Explain why this is your focus.**

**Explain how the project fulfills your organization's overall mission.**

**Explain how your organization plans to address the situation.**

**What are the goals regarding the situation described above.**

**How do you plan to meet the goals?**

**List the specific activities for which you seek funding.**

**Is this a new or existing project/program?**

**Name and title of lead staff person.**

**Describe the proposed staffing for the project including the titles and brief summaries of the roles of the individuals who will carry it out.**

**Will you use current staff members or hire new staff members? Give details.**

**Describe how the proposed activities will benefit the community, being as clear as you can about the impact you expect to have, including the number of people impacted.**

**Provide evidence of use of best practices, if any. Is this program/project based on a program that has been effective in other settings?**

**List other organizations or partners involved in this program/project.**

**Why is your organization particularly qualified and appropriate to address this situation?**

**How will short-term, intermediate and/or long-term outcomes be defined and measured?**

**How will the evaluation be conducted?**

**If this will be an ongoing program/project, describe plans for sustainability and future funding.**

## Financial Information

### Summary of Organization's Income Sources

Sources*	Previous Year	Current Year YTD	Projected Coming Year
Individuals Contribution	\$	\$	\$
Corporate Contributions	\$	\$	\$
United Way	\$	\$	\$
Other Federated Campaigns (specify)	\$	\$	\$
Special Events/Fundraisers	\$	\$	\$
In-Kind Contributions	\$	\$	\$
Earned Income/Fees/Dues	\$	\$	\$
Interest/Dividends/Investment Income	\$	\$	\$
Government Grants	\$	\$	\$
Foundation Grants	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

### Details of Gifts, Grants & Bequests from Governing Boards

From Board Members		
Year	Amount	Percentage of Members Giving
Current YTD	\$	%
Previous Year	\$	%

**Funding from Foundation/Government Grants – List Individually**  
 For organization, not specifically for this project

Foundations/Funders*	Previous Year	Current Year YTD	Pending	Purpose/Project Completed/In Progress?
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
TOTAL	\$	\$	\$	

\*If additional space is needed, please note and attach separate page and clearly identify.

**Summary of Expenses**

Expenses *	Previous Year	Current Year YTD	Projected Coming Year
Salaries, wages and all related costs	\$	\$	\$
Programs	\$	\$	\$
Equipment, supplies, printing & copying, postage, etc.	\$	\$	\$
Occupancy & insurance	\$	\$	\$
Staff development, conferences, travel	\$	\$	\$
Utilities & telephone	\$	\$	\$
Marketing, PR & advertising	\$	\$	\$
Consultants & professional fees	\$	\$	\$
Depreciation	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$

**Proposal Check List: Please present as requested.**

- ▶ **Provide 10 copies each of numbers 1 through 3.**

**Present in ten (10) groups starting with number 1 and ending with number 3.**

1. Cover letter with summary of request – (1 page only)
2. Completed application provided – (Grant application pages 1 – 4)
3. Detailed budget for the proposed project - 1 page.

► **Provide one copy only of numbers 4 through 7.**

**Present in one (1) group starting with number 4 and ending with number 7.**

4. List of Board Members: name, professional affiliation & city of residence.
5. Current fiscal year-to-date financial statement.
6. Most recent audited financial statement with accompanying notes.
7. Copy of most recent 501(c)(3) IRS letter granting tax exempt status.

- **No e-mail submissions will be accepted. NO EXCEPTIONS.**
- **Proposals that are mailed must be postmarked no later than April 15, 2008.**
- **No hand delivered proposals will not be accepted after 5:00 PM, April 15, 2008.**
- **NO EXCEPTIONS.**
- **No Impact OK member or board members may accept hand delivered proposals. NO EXCEPTIONS.**

**Mail to:**  
**Impact OK Grant Director**  
**P.O. Box 21706**  
**Oklahoma City, OK 73156**

**or**

**Deliver to: ONLY LOCATION**  
**Arvest Bank**  
**210 Park Ave., Suite 200**  
**Oklahoma City, OK**

- **All requested financial information should be reported by fiscal year.**
- **Provide only the information requested.**
- **Do not include books, brochures, CD's, DVD's, any marketing materials or business cards.**
- **Do not bind or put in folder or notebook. Must present flat and sorted properly.**