



# Community Grant Application Cycle 2: Mission Critical

The grants committee requests a typed-out application using this form or you can use our online application which will be open on our website one month before grant deadlines. If using this form and responding to check box areas, double click the check boxes and choose default value "checked."

## Submission Check List

✓ Review project with Foundation staff prior to submission.	✓ Complete summary page.
✓ Complete grant questions.	✓ Complete and attach all requested supplemental information.
✓ Include an endorsement letter from a Board member.	✓ Sign agreement page.

## Section 1: Summary Page

Date:		Cycle 2: <b>Due August 1</b>	
Organization:		Type of organization (choose one):	
EIN:		<input type="checkbox"/> 501(c)3	<input type="checkbox"/> Government Agency
Contact Name:	<input type="checkbox"/> Fiscal Agent (list):		
Address:			
Email:		Phone:	

Funding Priority:	<input type="checkbox"/> Current and on-going mission critical programs, projects or operations <input type="checkbox"/> Emerging mission critical needs identified due to COVID-19 pandemic		
Grant Title:			
Summary of Need:			
Mission Statement of Organization:			
Grant Amount Requested:	\$		
Have you received a grant from WCF in the past 3 years?	<input type="checkbox"/> no <input type="checkbox"/> yes please list years known →	YEAR	Did you submit a final report to the Foundation?
			<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> unsure
			<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> unsure
			<input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> unsure



# Community Grant Application Cycle 2: Mission Critical

## **Section 2: Narrative Requirements**

Please address each of the following and limit your response to less than 300 words per item.

**CRITICAL NEED:** Please describe your on-going mission-critical program, project or operations OR describe the identified emerging need due to the COVID-19 pandemic.

**OUTCOMES:** Describe two outcomes of your program/project/operations and potential negative outcomes that may occur if the project or program is not funded.

In your narrative, be aware of the **criteria** that the committee will use for reviewing your application. Please refer to the grant guideline information for details on the criteria for ranking located on our website.



# Community Grant Application Cycle 2: Mission Critical

## Section 3: Attachments

Along with your application, please attach:

1. Financial statements for prior year.
2. Attach the 2021 approved organization budget.
3. Include a short letter from a Board member endorsing the request and need.

Will your organization accept a grant if it is only partially funded?  Yes  No

Comments:



# Community Grant Application Cycle 2: Mission Critical

## Section 4: Agreement – Signatures Required

In submitting the application, the applicant agrees to the following:

- The applicant will spend funds solely for the purposes stated in the application. The applicant will refund any unused funds or those that are used outside of those purposes. In addition, the applicant will submit a final report in a format provided by the Foundation, which may include a financial statement documenting the expenditure of grant funds.
- The applicant realizes that payment of the funds granted will be at the convenience of the Foundation, including cancellation of the grant and/or modification of previously agreed upon payment schedules should such cancellation or modification be deemed necessary by the Foundation.
- The applicant understands that the Foundation, in researching this grant application, may review any and all of the information submitted with advisors of the Foundation's choosing, if deemed necessary by the Foundation.
- The applicant will recognize the Foundation in all appropriate publicity connected to the applicant program with use of our full legal name and/or logo.
  - Publicity must include at least one of the following; recognition in a program or webpage/website or social media, using our "Proud Partner" sandwich board for an event or activity, taking a photo with Foundation staff, submitting a press release to the media, posting about the program and tagging the Foundation on Facebook.
- The applicant understands that by submitting this application to the Foundation for review, a grant is not guaranteed.

## Organization Staff or Executive Director:

Signature:			
Print Name:		Title:	
Date:			

Since this is a new community grant focus, after submitting your application, we may ask for additional information. We appreciate your patience and understanding.