

# *Seagraves Family Foundation, Inc.*

*777 Addison Avenue*

*Twin Falls, Idaho 83301*

*(208) 733-3485*

## **Grant Application**

To be considered for a grant from the Seagraves Family Foundation, Inc., you must complete the following application and attach the required documents. Once you finish the application, please return it to the Foundation via email to [plparker@cableone.net](mailto:plparker@cableone.net) so the review process may begin. Once the Board completes its review, it will notify the contact person of its decision. Once the Board completes its review, it will notify the contact person of its decision. Grant requests made by organizations that are not recognized by the IRS as a 501(c)(3), or are not a school, religious organization, or a governmental entity will not receive grants. Please understand that funds are limited and if your project proposal does not fall within the scope of the Foundation's focus, the proposal will not receive grant money. To inform potential grantees, the Foundation's Mission Statement has been affixed below. Thank you for your interest.

## **Mission Statement**

The Seagraves Family Foundation, Inc., will grant funds to nonprofit organizations along the Hwy 93, Hwy 75 Corridor between the Nevada border and to the Custer County, Idaho border, which:

- Provide financial assistance and/or scholarships for education, or education related activities
- Provide funding assistance to nonprofit organizations benefiting families and/or children
- Further humanitarian principles by the provision of grants and scholarships
- Provide funding assistance to non-profit organizations specifically organized to provide for the humane treatment of animals

APPLICANT ORGANIZATION

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

ADDRESS: (include street address if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the name at left the same as it appears on the IRS Letter of Determination? Yes  No

If not, explain: \_\_\_\_\_  
\_\_\_\_\_

CHIEF EXECUTIVE'S NAME & TITLE: \_\_\_\_\_

CONTACT'S NAME & TITLE (if different): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

SOURCES OF INCOME:

Government	Federal	_____ %	Fees/Earned Income	_____ %
	State	_____ %	Individual Contributions	_____ %
	County	_____ %	United Way	_____ %
	City	_____ %	Workplace Campaigns	_____ %
			(not United Way)	

Corporate and/or Foundation Grants \_\_\_\_\_%

Special Events \_\_\_\_\_%

Memberships \_\_\_\_\_%

Other \_\_\_\_\_%

\_\_\_\_\_ PROPOSAL \_\_\_\_\_

AMOUNT OF THIS REQUEST: \$ \_\_\_\_\_ FUNDS NEEDED BY: \_\_\_\_\_

TIME FRAME IN WHICH FUNDS WILL BE USED: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

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 IS OF PROJECT TOTAL: \_\_\_\_\_%

PROJECT TYPE:

- Capital:
  - construction
  - renovation
  - equipment
- Endowment
- Specific Program
- Other (describe)



**1. WHO WILL PROJECT SERVE:**

**2. HOW MANY WILL PROJECT SERVE:**

**3. WHAT GEOGRAPHIC AREA WILL PROJECT SERVE:**

THE FOUNDATION REQUESTS THAT YOU LIMIT THE LENGTH OF YOUR ANSWERS FOR THE FOLLOWING 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 collaboration, describe the lead agency and its relation to others involved.)

2. NEEDS STATEMENT

Identify the needs your agency or this proposal will address. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs, and what effort will be made to work cooperatively.

3. PROPOSAL

- A. How will your proposal address identified needs?
- B. Projected goals, objectives, timeline, anticipated impact.
- C. Expected role of volunteers.
- D. Number and types of people who will benefit from your proposal.
- E. How will you monitor your work and how will you measure success or effectiveness?
- F. What are your other potential and actual sources of support for this proposal?  
Where do you expect to find future support?

4. APPROPRIATENESS TO FOUNDATION'S MISSION

Explain how your project or program furthers the goals of the Seagraves Family Foundation.\*

5. ADDITIONAL INFORMATION

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

\*Please see the Mission Statement at the beginning of the application.

## ATTACHMENTS

In addition to the cover letter and the information required by the questions, please attach the following:

1. Verification of tax-exempt status under Section 501(c)(3) of the IRS code.
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 for the last three (3) years (if available).
5. Most recent two (2) years audited, compiled or reviewed financial statement prepared by your accountant or annual financial statement for the last three (3) years.
6. A one-page summary of actual income and expenses for the past two (2) complete years; a one-page listing of funding sources and amounts received from these sources over the past two years.
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.

### Statement of Accountability

We do hereby certify that the information provided in this grant application is accurate and complete to the best of our ability and knowledge. We further acknowledge that if awarded a grant from the Seagraves Family Foundation, Inc., we will provide certification to said foundation that the funds have been used for the purposes for which the grant was awarded. We will make this certification within the time specified in the grant agreement or, if no time is specified, no later than one year after the date on which the funds are distributed to us.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Date