

C.M. CAPITAL FOUNDATION

GRANT APPLICATION

(For Grant Requests Greater than \$1,000)

1. Organization Name: _____ Date: _____
2. Address: _____
3. City: _____ State: _____ ZIP _____
4. Contact Person & Title: _____
5. Phone # _____ E-Mail Address: _____
6. Date of Incorporation: _____
7. Tax ID Number: _____
8. **Amount Requested:** _____ Total Agency Budget: _____
9. Project/Program Title: _____
10. Total Project/Program Budget: _____
11. Is this a new project/program for your organization? Yes _____ No _____
12. For entire organization: Fund Raising Costs \$ _____ % _____ of total budget
Administrative Costs \$ _____ % _____ of total budget
13. Projected next years operating budget for entire organization \$ _____
Fund Raising Costs \$ _____ % _____ of total budget
Administrative Costs \$ _____ % _____ of total budget
14. Type of request:
_____ General/Operating support _____ Endowment
_____ Capital Endowment _____ Research
_____ Program Development _____ Other
_____ Fellowships/Scholarships
15. Principal Sources of Support:

_____ % United Way

_____ %Earned Income

_____ % Government Contracts

_____ % Individual Contributors

_____ %Foundations/Corporations

16. Have you received previous funding from the C.M. Capital Foundation? _____

17. Date of last grant you received from the C.M. Capital Foundation: _____

18. Are the majority of your constituents/clients in the San Francisco Bay Area of California? _____ Yes _____ No

If "No" Indicate geographical area your organization serves _____.

You may submit answers to the following questions # 19 - 27 on a separate sheet of paper if you need more room:

19. Purpose of your request:

20. Why is this program/project unique? Why is it needed? Describe what changes will occur as a result of your program/project? (Who will benefit and how many people will be served?)

21. Summarize the Organization's history, mission and goals.

22. Indicate geographical area your organization serves.

23. List any other organizations in the area with a purpose similar to your organization and describe collaboration, if appropriate.

24. Describe the plan by which you intend to evaluate this program/project.

25. If this is a capital request, please describe the item or items needed and the respective costs. If it is a capital campaign, describe the components of the drive and the separate dollar goals from each donor segment (i.e. corporations, foundations and individuals).

26. Describe you plans for sustaining the program (funding and other sources).

27. List major corporation and foundation grants (related to this program/project) and the amount of each grant solicited and their responses (i.e. pending, funded at what amount or denied).
28. Please enclose the following information with this application:
- Appendix A: A complete budget for the project or program;
 - Appendix B: The current annual operating budget; include in-kind services and volunteers hours contributed;
 - Appendix C: Current Board of Directors, listing business addresses and occupations;
 - Appendix D: Current audited financial report
 - Appendix E:** The Foundation considers grant applications only from public charities as defined under the Internal Revenue Code and applicable regulations. An applicant must have obtained a 501(c)(3) determination letter prior to submitting an application and must include a copy with this application. If the applicant is not required to have obtained a 501(c)(3) letter, it must provide a copy of an IRS letter or legal opinion certifying that the applicant is a public charity as described in Internal Revenue Code Section 509 (a) (1), (2) or (3).

Please complete this Grant Application as thoroughly as possible. Incomplete Grant Applications may not be considered or may be returned.

Please return Completed application by the dates set forth in the Grant Guidelines to:

Elizabeth Hammack
Executive Director
C.M. Capital Foundation
525 University Avenue, Suite 1400
Palo Alto, California 94301

or

Liz@BrainTrustBoard.com