# Spring 2025 Discretionary Grant Cycle

# San Angelo Area Foundation

# Request at a Glance:

# **Project Name\***

Character Limit: 100

### Amount Requested\*

Character Limit: 20

### **Grant Summary:\***

Briefly describe the request:

Character Limit: 1500

#### Authorization\*

Signed by Board chair, acknowledging authorization to submit on behalf of the organization.

File Size Limit: 2 MB

### I am a Professional Grant Writer:\*

Hired by the organization to submit this request

#### Choices

Yes

No

# Organization Information

#### Executive Staff\*

May list or upload an organizational chart

Character Limit: 1500 | File Size Limit: 2 MB

## Government Issued Ruling Year\*

Character Limit: 250

#### IRS Determination Letter\*

File Size Limit: 2 MB

# Number of Employees\*

Character Limit: 10

#### Number of Volunteers\*

Character Limit: 10

### Attach or list Current Board and Board Officers\*

Character Limit: 1500 | File Size Limit: 2 MB

### **Board Support:\***

What percentage of board members annually provide financial support to your organization?

Character Limit: 3

# **Organization Mission Statement\***

Character Limit: 1500

# **Brief Overview of Organizations Background and History\***

Character Limit: 3500

#### Most Recent 990\*

File Size Limit: 5 MB

# **Organization's Current Operating Budget:\***

Character Limit: 20

### Most Recent Financial Statement or Balance Sheet:\*

File Size Limit: 2 MB

# Geographical Area Served by the Organization\*

Below are the 17 counties the Foundation currently serves. Please select the county or counties your organization is currently serving.

#### **Choices**

Coke

Concho

Crockett

Glasscock

Irion

Kimble

Llano

Mason

McCulloch

Menard

Reagan

Runnels

San Saba

Schleicher

Sterling

Sutton

Tom Green

### Provide Unduplicated Number Served Annually of Those Counties Selected:\*

Character Limit: 5

# What was the Last Year Your Organization was Awarded a Grant from the San Angelo Area Foundation?\*

If you have never been awarded before, enter 0.

Character Limit: 4

### Please List Any Other Organizations with Whom You Collaborate:\*

Character Limit: 1500

# Project Proposal

# Type of Request\*

#### Choices

**Building/Renovations** 

Capital Campaign

Equipment

**General Support** 

Marketing

**New Capital Campaign** 

New Program Development

**Program Development** 

Technology

# **Projected Beginning Date:\***

Character Limit: 10

# Projected End Date:\*

Character Limit: 10

#### Need:\*

Describe the need to be addressed by the project:

Character Limit: 5000

# **Project Description:\***

How will the project/proposal address the need, explain how the project fits within the organization's mission:

Character Limit: 5000

#### Qualifications:\*

How will your organization address the issue, explain why this organization is the best suited to solve this problem.

Character Limit: 5000

#### **Evaluation and Measurement:\***

Explain your plans to evaluate the impact or success of the project and the expected outcomes:

Character Limit: 5000

### Continuation/Sustainability:\*

What are the long term plans for the project? How will the project/program be sustained in the future? What happens to the project if full funding is not received?

Character Limit: 5000

# Proposal Budget

#### Funds Committed:\*

Identify funds committed from other sources or partners, requested but not committed, include funds held by your organization allocated for this project as well as other organizations you plan on apply to.

Character Limit: 5000

### Plan for Funding:\*

If the total amount asked for in this request is not awarded or the total amount needed to complete the project, how do you plan to fund the remaining amount needed?

Character Limit: 3500

# Total Project Cost:\*

The entire scope of the project, start to finish. We realize this could be an estimate and is subject to change.

Character Limit: 20

# Please Provide a Budget for the Project Request:\*

Breakdown may be uploaded.

Character Limit: 5000 | File Size Limit: 2 MB

# Supplemental Information

#### **Additional Contact:**

Best point of contact for follow up questions regarding the application if not already listed: Name, phone number and email.

Character Limit: 1500

### **Most Recent Audited Financial Report:**

Please provide if your organization has one.

File Size Limit: 5 MB

### **Letters of Support:**

File Size Limit: 2 MB

#### Other

Any other useful information associated with the project:

File Size Limit: 2 MB

# **Signature**

### Authorization\*

You verify that you have the proper authority to submit this grant application on behalf of the organization and should your organization be awarded a grant, grant funds will be used for the purpose set forth in this application?

#### Choices

Yes

No

### Name\*

Character Limit: 100

# Signature Date:\*

Character Limit: 10

# **Grant Follow Up Signature:\***

Please provide the email of the sole person responsible for signing a grant agreement should one be necessary if a grant is awarded:

Character Limit: 254

#### Name and Title\*

Of grant signature email

Character Limit: 250