

# Grant Application Checklist

## The Dorothy Gaines Foundation

**Please assemble the items in your grant application in the order listed below and check off each piece as it is completed. Do not staple or provide additional materials not requested.**

Organization Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount of Grant Requested: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

- Include Grant Application Checklist (this page)
- Grant Application **and** Project Budget Form
- Official notice of tax exempt status from the Internal Revenue Service.
- If incorporated, a copy of the Articles of Incorporation; Certificate of Incorporation issued by the Secretary of State; and a Certificate of Good Standing issued by the Texas Comptroller of Public Accounts.
- List of Board of Directors
- Board Chair and/or Chief Executive Officer must sign the grant application (this page)
- Overall budgets for applicant organization including sources of income and expenses for past 3 and current years.

Do you need any licensing, zoning or other regulatory approval to conduct this project? \_\_\_ Yes \_\_\_ No.  
 If yes, explain status on an attachment.

If applicant has previously received a grant from The Dorothy Gaines Foundation, please indicate in the space below:

Date of Grant	Grant Amount	Project Funded
_____	_____	_____
_____	_____	_____

**Approval of Board Chair and Executive Officer:**

We have reviewed and approved submission of this grant request. We certify that the applicant organization does not discriminate on the basis of race, color, age, sex or national origin. We also certify that our most recent IRS notification of our organization's 501(c)(3) status is attached to this application and that the organization has received no notice from the IRS of any proposal, threat, or suggestion to revoke or modify this determination.

Board Chair Signature/Date \_\_\_\_\_ Name (Print) \_\_\_\_\_

Executive Officer Signature/Date \_\_\_\_\_ Name (Print) \_\_\_\_\_

# The Dorothy Gaines Foundation

## Grant Application

**INSTRUCTIONS:** Please answer the grant application questions as concisely as possible. Type the answers in a font no smaller than 10 pt directly after each question. Limit your responses to a maximum of 2 pages in total.

**Organization Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

ENTER RESPONSE DIRECTLY BELOW EACH QUESTION:

1. Statement of your organization's mission and current programs or services.
2. Briefly summarize the proposed project including the project name and geographic region served (must be within Hill or Tarrant County or primarily benefiting Hill or Tarrant County residents).
3. What specifically will the grant funds be used for?
4. Please describe 3 outcome(s) that the project will achieve and your plan to evaluate your work.
5. What are the key activities that will achieve the outcomes identified above?
6. What is your target population and how many will be served? (Please provide specific demographic information if available.)
7. What is the proposed timeline for your project?
8. Are there any planned collaborations? Are there similar organizations offering this service? If so, please provide the explanation as to why your program is unique.
9. What are the plans for sustainability of this project or program? (if applicable)
10. If only partial funding is received from this grant or if other funding sources are pending and are not realized, how will the project and outcomes be impacted?
11. The grant guidelines require your organization's agreement, at its sole cost and expense, to provide publicity with respect to the grant awarded by the publication in at least one area newspaper of a story which describes the award received, the amount of the award, the organization which received the award and a photograph, if possible. Please provide a Publicity Plan as to how you will provide publicity in the event your organization receives a grant.

# Project Budget Form

<i>SECTION ONE - PROJECT INCOME</i>		
	R	Enter C or
Funding Sources: List each actual and/or anticipated source of funding for this project ONLY. Include all in-kind support worth >10% of total project budget.	Amount	Indicate if Funds Committed or Requested
The Dorothy Gaines Foundation		
<b>Total Project Income</b>	\$	
<i>SECTION TWO - PROJECT EXPENSES</i>		
Expense Items: List expense items for this project. Provide a brief description of any items which are not self-explanatory in the Budget Clarification Box below.	Amount	Amount of item funded from Foundation Grant
<b>Total Project Expenses</b>	\$	\$
Anticipated deviations against any line item require reallocation requests to be approved by the Committee before reallocation of funds. Please submit reallocation requests in writing to the Foundation.		

The Dorothy Gaines Foundation

Thank you for your interest in The Dorothy Gaines Foundation.

PLEASE SUBMIT APPLICATION TO:

The Dorothy Gaines Foundation

P.O. Box 338

Hillsboro, TX 76645

Website: [www.dorothygainesfoundation.org](http://www.dorothygainesfoundation.org)

The Foundation has limited discretionary funds and therefore, many exemplary proposals cannot be funded. Because of the volume of requests, the Foundation does not provide written feedback on proposals that are not funded.