

The Clowes Fund Grant Application Form

Application must be completed online via eGRANT for each *Preliminary* and *Final Proposal*. **This form is merely a template to guide you. Refer to instructions at http://clowesfund.org/fiscal_sponsor_policy if your organization's application is with a fiscal sponsor.**

Legal name of organization: _____

Familiar name of organization if different from legal name: _____

Organization's mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Name and title of chief staff officer: _____

E-mail for chief staff officer: _____

Contact person and title (required if different from above): _____

E-mail for contact person: _____

Name and e-mail address of chief board officer: _____

Year founded or exempt status received: _____ Federal Employer ID #: _____

State your organization's mission. Please limit to space provided.

Title of proposal: _____

Summarize proposal purpose and how The Clowes Fund grant will be used. Please limit to space provided.

Field of interest (check one): Social Services: Education Arts Other: _____
 Workforce Development Art Education
 Immigrants, Refugees and Asylees Music Education
 Youth Development

Type of request (check one): Capacity Building Challenge Capital Endowment
 Project or Program Operating Matching Seed Money

Area served by organization (check one): city or county multiple counties statewide multiple states

Describe: _____

Area to be served by proposal (check one): city or county multiple counties statewide multiple states

Describe: _____

Number of unduplicated individuals to be served by proposed project: _____

Proposal's primary target population and constituents (check only those that *substantially* apply):

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Ethnic and/or racial minority | <input type="checkbox"/> Male | <input type="checkbox"/> Child |
| <input type="checkbox"/> Immigrant, Refugee and/or Asylee | <input type="checkbox"/> Female | <input type="checkbox"/> Adolescent |
| <input type="checkbox"/> Economically disadvantaged | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other/ Describe: |
-

Funding period this grant will cover: from (m/d/y) _____ to (m/d/y) _____
(Please note: The Fund will not support activities that occur prior to approval of the grant; we generally issue notification of funding decisions by July 1st.)

Amount requested: \$ _____ Project budget: \$ _____ request as percent of total project cost: _____%

Current fiscal year organizational budget amount: _____ Fiscal year ends (m/d): _____

Does organization have audited financial statements? Yes No If so, list most recent (yr.) _____

What percentage of your board members contributed financially to your organization last year? _____%

How often does your organization update its strategic plan? Annually Other: _____

Time Period covered by current strategic plan: #of years _____ beginning _____ through _____

Preliminary Proposals, apply online via eGRANT by November 1st, include proposal narrative summary.

Final Proposals, apply online via eGRANT by February 1st, include the following required documents:

CHECKLIST:

- Proposal narrative (Use 5 questions listed at www.clowesfund.org as an outline)
- Organizational budget
- Project budget
- Clowes Fund Financial Form
- Board roster with affiliations
- Final or status report, unless one has been submitted within six months (i.e. since Aug. 1, 2010) for any prior grants from The Clowes Fund.

This application must be completed online. However, if for some reason you are not able to upload required attachments, you may submit them electronically to staff@clowesfund.org. If absolutely necessary, you may mail required attachments. All materials must be received by the stated deadline regardless of mode of submission.

Please contact a Clowes Fund staff member if you have any questions.

The Clowes Fund, Inc.
320 N. Meridian St., Suite 316
Indianapolis, IN 46204-1722

Phone: 317-833-0144 or 800-943-7209
Fax: 317-833-0145 or 800-943-7286
Email: staff@clowesfund.org