

SPONSOR INFORMATION

POINT OF CONTACT’S FIRST/LAST NAME

POINT OF CONTACT’S EMAIL ADDRESS

POINT OF CONTACT’S PHONE NUMBER (PLEASE USE XXXXXXXXXX FORMAT)

CHARITABLE ORGANIZATION STATUS

IS THE ORGANIZATION YOU ARE APPLYING ON BEHALF OF A REGISTERED 501(C)(3) NONPROFIT, A SCHOOL, OR A LOCAL GOVERNMENT INSTITUTION (EG: FIRE DEPARTMENT, POLICE DEPARTMENT, ETC)?

- YES
- NO

GRANT QUALIFICATION

PLEASE REVIEW THE FOLLOWING LIST AND RESPOND TO THE QUESTION BELOW:

- OVERHEAD EXPENSES (SALARIES, RENT, UTILITIES, INSURANCE)
- INDIVIDUALS
- PASS-THROUGH FUNDING (SCHOLARSHIPS, RE-GRANTING)
- SEED FUNDING OR PROJECTS THAT HAVE NOT YET SECURED AT LEAST 75% OF THE REQUIRED FUNDS FOR COMPLETION
- CONFERENCES, EVENTS, TRAVEL, AND STAFF TRAINING
- MEMBERSHIP OR DUES-BASED PROGRAMS
- INTERNATIONAL ORGANIZATIONS
- LOBBYING AND POLITICAL PROGRAMMING
- RELIGIOUS ACTIVITIES OR RESOURCES
- INFRASTRUCTURE/BUILDING CAMPAIGNS
- SECURITY CAMERAS
- CAPITAL CAMPAIGNS OR ENDOWMENTS
- VEHICLES
- DIGITAL SIGNAGE
- EVENT SPONSORSHIPS
- COMMUNITY FOOD PROGRAMS
- DEBT REDUCTION EFFORTS
- FOR-PROFIT BUSINESSES

ARE YOU REQUESTING A GRANT FOR ANY OF THE ABOVE?

- YES
- NO

PRIOR GRANT RECIPIENT

HAS THE COMMUNITY ORGANIZATION RECEIVED AN FRS COMMUNITY GRANT WITHIN THE PAST TWO YEARS?

- YES
- NO

ORGANIZATION INFORMATION

ORGANIZATION NAME

MAILING STREET ADDRESS

MAILING ADDRESS CITY

MAILING ADDRESS STATE

MAILING ADDRESS POSTAL CODE

ORGANIZATION PHONE NUMBER (PLEASE USE XXXXXXXXXX FORMAT)

ORGANIZATION EMAIL ADDRESS

POINT OF CONTACT FIRST/LAST NAME

POINT OF CONTACT TITLE

POINT OF CONTACT EMAIL ADDRESS

POINT OF CONTACT’S PHONE NUMBER (PLEASE USE XXXXXXXXXX FORMAT)

BRIEF EXPLANATION OF ORGANIZATION’S HISTORY, GOALS AND OBJECTIVES

PROJECT INFORMATION

WHICH CATEGORY DOES YOUR APPLICATION FALL UNDER? IF YOU ARE NOT SURE OF THE CATEGORY, CONTACT [FRS](#)

- BUSINESS & ECONOMIC DEVELOPMENT
- EDUCATION & WORKFORCE
- HEALTH & WELLBEING
- PUBLIC SERVICE & FIRST RESPONDERS

PROVIDE A ONE-SENTENCE EXECUTIVE SUMMARY OF THE PROJECT BY COMPLETING THIS SENTENCE: THE ORGANIZATION WILL USE THE FRS GRANT TO...

IDENTIFY THE PROBLEM TO BE ADDRESSED AND THE NEEDS TO BE MET BY THE PROJECT.

DESCRIBE THE GOALS AND OVERALL IMPACT OF THE PROJECT.

WHY IS YOUR ORGANIZATION THE BEST TO ADDRESS THE CHALLENGE? ARE YOU WORKING WITH OTHER ORGANIZATIONS IN YOUR COMMUNITY TO COMPLETE THE PROJECT?

WHAT IS THE ESTIMATED NUMBER OF PEOPLE YOUR PROJECT WILL AFFECT?

WHAT IS THE TIMELINE FOR YOUR PROJECT? (WHEN WILL THE PROJECT START AND END? PLEASE USE MM/YYYY - MM/YYYY FORMAT.)

WHAT METRICS AND/OR DATA WILL YOU USE TO MEASURE IMPACT AND SUCCESS?

IS THE PROJECT SUSTAINABLE? WILL THE PROJECT CONTINUE AFTER YEAR ONE? HOW?

EXCLUDING FUNDING, WHAT ARE SOME ANTICIPATED BARRIERS TO PROJECT COMPLETION?

FUNDING REQUEST

REQUESTED GRANT AMOUNT (GRANT AMOUNT MAXIMUM IS \$5,000)

HOW MUCH IS THE TOTAL PROJECT? IF THE PROJECT IS MORE THAN \$5,000, HOW WILL THE PROJECT BE FULLY FUNDED AND WHAT PERCENTAGE OF THE TOTAL PROJECT COSTS HAVE BEEN SECURED?

PROVIDE A BUDGET FOR THE PROJECT, OUTLINING WHAT THE FUNDS WILL BE SPENT ON WITH AS MUCH DETAIL AS POSSIBLE (YOU WILL NOT BE REQUIRED TO PURCHASE IDENTIFIED MATERIALS IF ALTERNATIVES ARE IDENTIFIED THAT COMPLETE THE TASK). LIST OTHER FINANCIAL CONTRIBUTORS TO THE PROJECT OR OTHER FINANCING SOURCES OR STRATEGIES THAT YOU ARE DEVELOPING. PLEASE UPLOAD A FILE FOR THIS QUESTION.

SUPPORTING DOCUMENTATION

UPLOAD ANY ADDITIONAL DOCUMENTATION

REVIEW