



**Office Use Only**  
Date Received:

# Grant Application Form

(Use back of page if additional space is required.)

Date: \_\_\_\_\_

1) Legal Name of Organization: \_\_\_\_\_

2) Mailing Address: \_\_\_\_\_

3) Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Authorized Signature (CEO, Executive Director): \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

501 c3 Non-profit #: \_\_\_\_\_

4) Briefly describe the applicant organization, its programs and population served.

5) Brief description of the project/program for which you are seeking funds.

6) Service area of project/program for which you are seeking funds (allocate if necessary).

7) Total cost of the proposed project/program: \$ \_\_\_\_\_

8) Amount requested from Bellevue Community Foundation: \$ \_\_\_\_\_

9) Funding period — From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

10) Budget for project or program for which you are applying for Bellevue Community Foundation grant funds. Attach documentation if available. In-kind donations and tax supported funding (federal and state) also should be listed.

Sources of funds (list):	_____	\$ _____
and amount of each	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Total Revenues: \$ \_\_\_\_\_

Expenses (list):	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Total Expenses: \$ \_\_\_\_\_

Please provide additional information that may be helpful in understanding the above budgetary figures.

**(Use back of page if additional space is required.)**

**A. PROBLEM/PURPOSE:** Describe what the project will accomplish, what benefits it will provide and what community need it will meet.

**B. IMPLEMENTATION:** How will this project be accomplished? By whom, where, when, etc.? Provide numbers and timetable.

**C. SIZE AND DURATION:** How many people will be served or affected by this project and for how long? What percentage of the people served or affected are Bellevue residents?

**D. COORDINATION:** Who else is addressing this need? Are there any coordination efforts between you and them? How does this project's approach differ from other already established efforts?

**E. CONTINUATION:** Will this project require continued funding? If so, identify the source of this future funding.