

TANNENBAUM-STERNBERGER FOUNDATION, INC.

**Post Office Box 39266
324 West Wendover Avenue, Suite 170
Greensboro, North Carolina 27438
(336) 373-1500**

**Email: TSF@TSfoundation.com
www.TSFoundation.com**

(DO NOT STAPLE OR PUT IN A BINDER)

APPLICATION FOR GRANT

INFORMATION ABOUT THE APPLICANT:

NAME OF THE ORGANIZATION: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____ County _____

CHIEF EXECUTIVE OFFICER: _____

CONTACT PERSON FOR APPLICATION: _____

Address (if different): _____

Telephone Number: _____

APPLICATION SUMMARY:

PURPOSE:

AMOUNT REQUESTED FROM THE TANNENBAUM-STERNBERGER FOUNDATION: \$ _____

TOTAL PROJECT BUDGET: \$ _____

PRIOR GRANTS FROM THE TANNENBAUM-STERNBERGER FOUNDATION:

<u>Year</u>	<u>Amount</u>	<u>Purpose</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

BRIEF HISTORY, GOALS AND CURRENT PROGRAMS OF APPLICANT:

WHAT IS THE APPLICANT ORGANIZATION DEEPLY PASSIONATE ABOUT? (25 words or less)

SUMMARY OF MOST RECENT ANNUAL FINANCIAL STATEMENT:

Assets: _____ as of _____

Endowment: _____ as of _____

Fund Balance: _____ as of _____

THE NEED:

DESCRIBE THE NEED TO WHICH YOU ARE RESPONDING. (PLEASE BE FACTUAL AND INCLUDE ANY STUDIES, DEMOGRAPHIC DATA OR OTHER FACTS THAT DOCUMENT THE NEED)

THE PROJECT/PROGRAM:

DESCRIBE THE PROJECT/PROGRAM AND HOW IT WILL RESPOND TO THE NEED.

THE OUTCOMES:

WHAT ARE THE EXPECTED OUTCOMES OR RESULTS OF THE PROJECT/PROGRAM?

THE EVALUATION:

HOW WILL THE OUTCOMES OR RESULTS BE TESTED AND PROVED?

THE BENEFICIARIES:

WHO WILL BENEFIT FROM THE PROJECT/PROGRAM?

THE COST:

WHAT WILL THE PROJECT/PROGRAM COST?

Project Budget: From _____ to _____

Expenses (by categories)

Income (by sources)

THE REQUEST:

AMOUNT REQUESTED FROM THE TANNENBAUM-STERNBERGER FOUNDATION: \$_____.

FUNDING PARTNERS:

LIST THE NAMES OF OTHER ORGANIZATIONS, BOTH PUBLIC AND PRIVATE, TO WHICH YOU HAVE APPLIED FOR SUPPORT OF THIS PROJECT/PROGRAM, THE AMOUNT OF THE REQUEST AND STATUS (PENDING, GRANTED OR DENIED).

WHAT PERCENTAGE OF THE NPROFIT APPLICANT’S STAFF AND BOARD MEMBERS (STATE SEPERATELY) MADE A CASH CONTRIBUTION TO THE APPLICANT DURING THE LAST 12 MONTHS?

STAFF: _____

DIRECTORS: _____

SUSTAINABILITY:

WHAT ARE THE POST-GRANT PLANS FOR SUSTAINING THE PROJECT/PROGRAM?

IS THE APPLICANT CONTROLLED BY, RELATED TO, CONNECTED WITH, OR SPONSORED BY ANOTHER ORGANIZATION? Yes [] No []

IF YES, IDENTIFY THE ORGANIZATION (INCLUDING ITS PURPOSE AND ACTIVITIES) AND EXPLAIN THE RELATIONSHIP:

LIST AND DESCRIBE SIMILAR PROJECTS BY OTHER GROUPS IN THE SAME COMMUNITY AND HOW THESE EFFORTS ARE BEING COORDINATED WITH THE APPLICANT'S PROJECT/PROGRAM.

ATTACHMENTS:

THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR GRANT APPLICATION:

1. Original signed Application for Grant.
2. A copy of your most recent IRS Determination Letter indicating current 501(c)(3) status and a letter signed by a responsible officer certifying that the determination letter remains in full force and effect.
3. A copy of the organization's financial statements for its most recent completed fiscal year.
4. A copy of the organization's budget for the current fiscal year and a statement of year-to-date revenues and expenses.
5. A list of the names and addresses of the members of your Board of Directors.

**FROM MY OWN KNOWLEDGE, I STATE THAT THE INFORMATION GIVEN IS CORRECT.
THE APPLICANT HAS AUTHORIZED ME TO MAKE THIS APPLICATION.**

Date

Name

Title and Office