**Burkhart Family Foundation**

**Grant Application Cover Sheet**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Should be the same as on IRS determination letter and as supplied on IRS form 990)

Year Founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Annual Operating Budget: $

Executive Director:

Email:

Contact Person/Title (if different from Executive Director):

Address (principal/administrative office): City: State: Zip:

Mailing Address, if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ProjectGoals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning and Ending Dates of the Project/Campaign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geographic Area to be Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:**

1. The tax-exempt status of this Organization is still in effect,
2. This Organization does not support or engage in any terrorist activity, and
3. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.

Signatures:

President, Board of Directors Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Date

Attachments:

Latest IRS Form 990 Tax Return

**Burkhart Family Foundation**

**Grant Application Budget Worksheet**

|  |  |  |
| --- | --- | --- |
| REVENUE | Committed Funds | Pending Funds |
| 1. Grants/Contracts/Contributions |  |  |
| Local Government |  |  |
| State Government |  |  |
| Foundations (itemize on separate lines) |  |  |
| Corporations (itemize on separate lines) |  |  |
| Individuals |  |  |
| Other (specify) |  |  |
| 2. Earned Income |  |  |
| Events |  |  |
| Publications and Products |  |  |
| 3. Membership Income |  |  |
| 4. In-Kind Support |  |  |
| 5. Other (specify) |  |  |
| TOTAL REVENUE |  |  |
| EXPENSE | Amount Requested  In This Proposal | Total Project Expenses |
| Personnel |  |  |
| Salaries and Wages \* (see Example below) |  |  |
| Payroll Taxes |  |  |
| Benefits |  |  |
| Consultants and Professional Fees |  |  |
| Travel/Professional Development |  |  |
| Operations |  |  |
| Rent |  |  |
| Utilities |  |  |
| Telecommunications |  |  |
| Postage/Messenger |  |  |
| Printing and copying |  |  |
| Equipment |  |  |
| Supplies |  |  |
| Other |  |  |
| TOTAL OPERATING EXPENSE |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NON-OPERATING EXPENSES:     |  | | --- | | Scholarships | | Student Aid | | Other (describe)   |  | | --- | |  | |  |   TOTAL NON-OEPRATING EXPENSES |   \*(Example)  Full-Time Personnel  Executive Director ........... $ \_ Part-Time Personnel  Staff Position #1 ............. $\_\_\_\_\_\_\_\_ Staff Position #4 .............. $\_\_\_\_\_\_\_\_\_\_  Staff Position #2 ............. $\_\_\_\_\_\_\_\_ Staff Position #5 .............. $\_\_\_\_\_\_\_\_\_\_  Staff Position #3 ............. $\_\_\_\_\_\_\_\_ Staff Position #6 .............. $\_\_\_\_\_\_\_\_\_\_ | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | | |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |
| SURPLUS (DEFICIT) |  |  |
| TOTAL REVENUE |  |  |
| TOTAL EXPENSE |  |  |
| TOTAL SURPLUS (DEFICIT) |  |  |