Idaho Community Foundation
Competitive Grant Application

THIS IS A SAMPLE – NOT USED FOR SUBMISSION

To complete a competitive grant application you will need to login to your account and fill out the application online.

If you have any questions you can contact ICF at (208)342-3535 or (800)657-5357.

Organization and Contact Information

Organization Legal Name: _____

The organization's legal name under which it is incorporated or operates or by which it is recognized by the Internal Revenue Service (IRS).

"Also Known As" Name of Organization: _____

Any common name the organization uses or is known by other than the legal name listed above.

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Organization Phone Number: (xxx)xxx-xxxx _____ Organization Fax Number: (xxx)xxx-xxxx _____

E-Mail Address for Organization: _____

Website URL (address), if available: _____

Executive Director/Primary Contact for Organization

Title: _____ Prefix (Ms., Mr., Rev., Dr., etc.): _____

First Name: _____ Middle Initial: _____ Last Name: _____

Phone Number: (xxx)xxx-xxxx _____ Extention: _____ Fax Number: (xxx)xxx-xxxx _____

E-Mail Address: _____

Alternate Contact Information

Title: _____ Prefix (Ms., Mr., Rev., Dr., etc.): _____

First Name: _____ Middle Initial: _____ Last Name: _____

Phone Number: (xxx)xxx-xxxx _____ Extention: _____ Fax Number: (xxx)xxx-xxxx _____

E-Mail Address: _____

Organization Tax Information

Is your organization either a government entity (including subsidiaries and public educational institutions) or an IRS recognized 501(c)3 non-profit entity? ☐ Yes ☐ No

If NO, in the box below explain why you believe your organization qualifies as a non-profit entity for the purpose of receiving an ICF grant:

If YES, select the appropriate tax status for your organization:

If your organization is a 501(c)3, provide your organization's Tax ID#, also referred to as an "Employer Identification Number" (EIN), in the following format: xx-xxxxxxx

Note: Government entities, including subsidiaries and public educational institutions, DO NOT have to submit their EIN.

Tax ID# / EIN _____

Organization Overview

Please state your organization's operating budget total for the current fiscal year.
(in dollars only - please round figures to the closest dollar amount - for example 30,555)

$ _____

What is your organization's mission statement? If your organization does not have a mission statement, provide a brief overview of your organization and its primary objectives.

List other organizations in your area that provide service(s) similar to those that you provide.

Proposal Narrative

Scope of the Project

What is the total budget for your project?
(in dollars only - please round figures to the closest dollar amount - for example 10,555) $ _____

Select the Competitive Grant Cycle to which you are applying (if only one cycle is listed, please select it).

What amount are you requesting from the Idaho Community Foundation?
(in dollars only - please round figures to the closest dollar amount - for example 3,622) $ _____

Note: The maximum amount that you may request is $5,000.

Select the PRIMARY county served by this project.
Note: The Primary county served by your proposal must be one of the eighteen (18) counties in ICF's Southwestern Region.

In the box below please Identify any OTHER counties served by this project.
Your selection(s) may include counties outside of ICF's Southwestern Region.

Select the Program Area that you believe most closely matches your request.

Project Summary

Complete the following sentence. If my organization is awarded a grant, the funds will be used to...(one sentence).
For example: buy widgets for the science program. You may not exceed the space provided (approximately two typed lines).

Provide a short, one paragraph Executive Summary of your proposal.
(If you had eight lines to describe the who, what, when, where, why of your project, you would say...)

Project Description

Please describe your project. You should include:

Description of the project; explanation of the need for the project; anticipated accomplishments of the project - what will be the results. Please answer in the space provided below (approximately 1/2 of a typed page).

Provide information on the sustainability of the project (who is responsible for its success, plans for the future, etc.).

Budget and Financial Information

Project Budget

Please list the items in your budget using single spacing as shown in the sample below.

Widgets: $200
Gizmos: $600
Thingamabobs: $2,000

Total Budget: $2,800

Provide an itemized list of the expenditures related to this project (maximum of 15 lines) and their respective cost using the format shown above: *Note: Please round each item to the nearest dollar and provide a total for the items on the last line.*

Please list other funding sources, in-kind donations, or other support, if any, for the project and indicate whether they are committed or pending.

Briefly describe any plans for future funding, if applicable.

If you do not receive the full amount of funding required, will you still go ahead with the project? If so, how will you fund it?

List the names and phone numbers of your organization's Board of Directors in the following format:
first name last name, (xxx) xxx-xxxx; first name last name, (xxx) xxx-xxxx; etc. Please use semi-colons to separate names.