

Sequim Community Foundation

Deadline for Applications are: May 15 and November 15. Applications are reviewed and must be received by these dates to be considered during the quarter. Applicants will be notified by mail of the board's decision on their application within 6 weeks .of the applications due date..

DATE: _____

_____ APPLICANT ORGANIZATION _____

NAME: _____ Year organization incorporated: _____

ADDRESS: (included street address if different) _____
Is the name at left the same as it appears on the IRS Letter of Determination? Yes ____ No ____
If not, explain: _____

DIRECTOR OR BOARD PRESIDENT'S NAME & TITLE: _____

CONTACT'S NAME & TITLE (if different): _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ WEBSITE: _____

Number of full time staff: _____

Number of part time staff: _____

Number of volunteers: _____

GEOGRAPHIC AREA SERVED: _____

OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR: _____

Fiscal Year Ends: _____

SOURCES OF INCOME:

Government	Federal	_____ %	Fees/Earned Income	_____ %
	State	_____ %	Individual Contributions	_____ %
	County	_____ %	United Way	_____ %
	City	_____ %	Workplace Campaigns	_____ %
			(not United Way)	
			Corporate and/or Foundation Grants	_____ %
			Special Events	_____ %
			Memberships	_____ %
			Other	_____ %

PROPOSAL

AMOUNT OF THIS REQUEST: \$

FUNDS NEEDED BY:

TIME FRAME IN WHICH FUNDS WILL BE USED:

From

To

Check one of the following:

GENERAL OPERATING SUPPORT ____ PROJECT SUPPORT ____

If for project support, complete the following:

PROJECT NAME:

TOTAL PROJECT COST: \$

PERCENT THIS REQUEST OF PROJECT TOTAL: ____%

PROJECT COST PER CLIENT (if applicable): \$

PROJECT TYPE:

- Capital:
 - construction
 - renovation
 - equipment
- Endowment
- Specific Program
- Other (describe)

1. WHO WILL PROJECT SERVE:

2. HOW MANY WILL PROJECT SERVE:

3. WHAT GEOGRAPHIC AREA WILL PROJECT SERVE:

NARRATIVE

Attach a 1-2 page proposal (we appreciate your being concise) using the following headings:

**Description of Project
Description of Need
Benefit to Sequim Dungeness Valley
Goals to Accomplish with Community Foundation Funding
Plans for Future Funding**

Attach only the following additional materials:

**Line-item organizational budget for current year fiscal year
IRS Tax Determination Letter
Current Board Listing
Copy of latest IRS Form 990
Copy of full & part-time staff**

The Community Foundation encourages collaboration. If the project for which you are seeking funds is a collaboration with another organization, include letters or other documentation from the collaborating group, agency or organization.

If your organization receives funding from the Sequim Community Foundation, it is our expectation that as underwriters of your project, you acknowledge and advertise our support in your marketing efforts as well as your media releases.

Incomplete applications cannot be considered. This application is comprehensive and designed to be used by a variety of applicants. If an area of the application does not apply to your request indicate by marking it N/A.

Send to:
Tom Mix
Sequim Community Foundation
PO Box 1304
Sequim, WA 98382