



## GRANT PRE-APPLICATION

Date \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Executive Director/President: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Please provide information about your request in the space provided below.

### **I. Summary**

A. Agency Mission:

B. Purpose of Request:

1. Overview/Project Description

2. Objectives

3. Target Population

4. Geographic Area Served

C. Needs to be Addressed:

D. Significance of the Proposed Project:

E. Expected Results and Benefits to Target Population:

F. Plans for Evaluating Effectiveness of Work:

**II. Financial Information**

A. Amount Requested: \$\_\_\_\_\_

B. Funding Period: Start Date \_\_\_\_\_ End Date: \_\_\_\_\_

C. Organization's Annual Budget: \$\_\_\_\_\_

D. Fiscal Year Dates: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

E. Project Budget (if applicable): \$\_\_\_\_\_

### III. Questions

- A. Is your organization exempt under IRS Section 501 (c)(3)? \_\_\_\_\_
- B. What is your Federal Tax ID#? \_\_\_\_\_
- C. On which area does the project focus? Health \_\_\_ Education \_\_\_ Well- Being \_\_\_
- D. Does this project target a specific unmet need of children or young adults in the greater Los Angeles area? \_\_\_\_\_
- E. Can this need best be addressed by private philanthropy? \_\_\_\_\_
- F. Would this grant provide for all or a significant portion of the needed funds for the project? \_\_\_\_\_
- G. Is this project already part of the agency's overall strategic plan? \_\_\_\_\_
- H. Will the project be ready for implementation in the following calendar year? \_\_\_\_\_
- I. Is this a project to be funded for one time only? \_\_\_\_\_
- J. Does the agency have operational funding to sustain the project, once our organization grants its funds? \_\_\_\_\_
- K. Is your board of directors comprised largely of unpaid volunteers? \_\_\_\_\_
- L. Do you have a history of successfully implementing minor or major projects and properly administering grants? \_\_\_\_\_
- M. Are you a local agency that does not benefit from a national fundraising affiliation? \_\_\_\_\_
- N. Are the project and agency both non-sectarian? \_\_\_\_\_
- O. Is there an opportunity for donor recognition? \_\_\_\_\_

### IV. Additional information you would like us to know:

\_\_\_\_\_  
Signature of Executive Director/President      Date

*By October, you will be contacted to discuss whether you meet all eligibility requirements and should submit a full application.*