



Application for Community Investment

Instructions

Please be sure to review the Community Investment Priorities and Guidelines before completing this application. You may reproduce this form on your computer, or type or legibly print the requested information. Please keep your answers as brief as possible.

All applicants: Please complete all of Section I, include the required attachments, and sign and date the application. **If the request is \$1,000 or more:** Also complete all of Section II. If Section II is not completed, the maximum amount funded will not exceed \$1,000.00

I. All Applicants: Complete Section I.

Name of Organization: _____

Federal Tax Identification Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Organization Web Address: _____

Executive Director (Mr. Mrs. Ms. Other): _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Primary Contact, if other than Executive Director (Mr. Mrs. Ms. Other): _____

Title: _____ E-Mail Address: _____

Telephone: _____ Fax: _____

1. Amount Requested: \$ _____ Date of Application: _____

2. Type of Request (check one): Operating Event Sponsorship Program Project
 Other _____

3. If the request is not for operating support, briefly describe the program, project, or event for which the organization seeks support. _____

4. Of the following funding categories, which most appropriately identifies the purpose for which funds are being requested?

Children & Youth Immediate Needs Health & Wellness Quality of Life*

*Quality of Life includes, but is not limited to, recreational, entertainment, and artistic purposes.

5. Has the organization received funding from GRU in the last three years? Yes No

If yes, please list dates and amounts.

Date: _____ \$ _____

Date: _____ \$ _____

Date: _____ \$ _____

6. Please list any GRU employees involved in your organization and their roles. _____

7. Does the organization receive support from United Way? Yes, _____% of budget No

8. Please provide a brief overview of the organization: _____

9. Of the clients you serve, what percent are in the following categories?

Income

Do not track	<input type="checkbox"/>
Less than 50% of area median income*	_____%
Between 50% - 80% of area median income*	_____%
Between 80% - 100% of area median income*	_____%
More than 100% of area median income*	_____%
Total	100%

*Area median income information can generally be found at the following web site:

www.huduser.org/datasets/il.html

Ethnicity

Do not track	<input type="checkbox"/>
American-Indian or Alaskan Native	_____%
Asian or Pacific Islander	_____%
Hispanic	_____%
White, not of Hispanic origin	_____%
Black, not of Hispanic origin	_____%
Other (specify) :	_____%
Total	100%

Gender

Do not track	<input type="checkbox"/>
Female population	_____%
Male population	_____%
Total	100%

STOP: If the request is less than \$1,000, skip Section II. Please sign/date the application and include the required attachments in Section III.

II. If the Request is \$1,000 or More: Complete Section II.

Financial Information

1. The organization's current year budgeted expenses of \$ _____
are _____% higher lower than the previous year's actual expenses.

2. During the current fiscal year \$ _____ or _____% of the total expense budget is
for administrative/overhead and fundraising expenses.

3. Has the organization experienced an operating deficit (i.e., expenses exceeded revenues) in the last two years? Yes No If yes, what was the amount of the deficit?

Year _____ Deficit \$ _____

Year _____ Deficit \$ _____

Please explain the deficit(s) above and the plan for reducing or eliminating it. _____

Program, Project, or Event Information

1. What are the timelines for the program/project/event and for fundraising? _____

2. What is the expense budget for the program/project/event? \$ _____

3. To date, what percentage of the expense budget has been secured? ____%

4. How does this effort address a community need? Please describe the community and clients that will benefit. _____

5. Please explain how you have measured or will measure the success of the program/project. For events, please provide prior year and projected attendance for the current year.

III. Required Attachments for All Applicants

Please enclose one copy of each of the following items:

- 1. Cover letter
- 2. A copy of your current IRS determination letter indicating tax exempt 501(c)(3) status
- 3. Board of Directors list, including names, phone numbers and affiliations
- 4. Annual report, if available, or other material summarizing activities of the organization
- 5. Current year itemized operating revenue and expense budget for the organization
- 6. Most recent audited financial statements or IRS Form 990
- 7. A list of major corporate and foundation donors for the past two years

If you completed Section II, please also enclose one copy of each of the following items:

- 8. A one-page summary of the organization's three major core programs or activities
- 9. Budget of program, project, or capital campaign

Authorization

The undersigned certifies that they are authorized to represent the organization applying for funds and that the information contained in this application is accurate. The undersigned agrees that if funding is awarded to the organization:

- (1) *The funds will be used for the purpose outlined in the application and may not be expended for any other purpose without prior written approval from GRU,*
- (2) *information about the organization and any funding provided by GRU may be used by GRU in any published materials.*

Signature of Executive Director or Board Chair

Date