**Grant Application**

**Grant Application Checklist**

**A complete application should include**

**the following items in the order indicated.**

* Cover Letter
* Grant Application
* Program Budget and Grant Application Summary
* IRC 501(c)(3) Determination Letter
* Board of Directors List
* Current Audited Financial Statement
* Representative List of Contributors who have supported your organization
* Your Organization Conflict of Interest Policy

**Return To:**

**The Rossin Foundation**

Attention: Gina A. DeIuliis, CPA

Lally & Co, LLC

5700 Corporate Drive, Ste 800

Pittsburgh, PA 15237

gadeiuliis@lallycpas.com

T. 412-367-8190 F. 412-366-3111

**Grant Application Cover Letter**

|  |  |
| --- | --- |
| Date of Application |  |
| Exact legal name of Organization to which the grant would be paid |  |
| Mailing Address |  |
| Executive Director | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| President, Board of Directors | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Person(if not the Executive Director) | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mission Statement of Organization |  |
| Purpose of Grant (one sentence) |  |
| Geographic area to be served |  |
| Project name, duration, and rough estimate of cost |  |
| Amount of funds applicant is seekingfrom The Rossin Foundation  | $ |

**Grant Application**

**Please provide concise answers to the following questions.**

**Preferred length not to exceed three pages on one side of paper only.**

1. What is the need or problem that your organization addresses? Who will benefit from your efforts?
2. Describe the proposed program or need for funding.
3. Are you collaborating with any other organizations on this program?
4. List specific program goals, measurable objectives, and expected outcomes. How will you measure your success?
5. How will volunteers be utilized in accomplishing your objective? Do you have a director of volunteer services on your staff?
6. What are your plans for ongoing sources of support?
7. Who will be responsible for the management of this grant? What are his/her qualifications?

**Program Budget and Grant Application Summary**

|  |  |
| --- | --- |
| Organization Name |  |

|  |  |
| --- | --- |
| Organizational Total Budget | $ |

|  |  |
| --- | --- |
| Project Total Cost / Program Budget(if applicable) | $ |

Funds Currently Committed for This Program:

|  |  |
| --- | --- |
| Trustees | $ |
| Corporations | $ |
| Foundations | $ |
| Individuals | $ |
| Government | $ |
| Other(memberships, earned income, Special events, subscriptions, etc.) | $ |

|  |  |
| --- | --- |
| **Amount Requested** | $ |