

Organization

Please note this is a sample grant application for reference when applying for a Jackson EMC Foundation grant.

*Legal Name: Organization Name
*Address:
*City:
State:
Zip/Postal Code:
*Do you have a mission statement?: Yes
* Mission Statement: Our organization has a mission to...
* Organization Telephone: 123-456-0000
* Website Address: organizationwebsite.org
* Main Email Address: mainemail@organization.org
*IRS 501(c)3 Determination Letter: IRS DETERMINATION LETTER.docx

Proposal

*Request Owner: Jackson EMC Foundation Staff
Request Source: External (Submitted 06/25/2024)
Proposal Type: Organizational Grant

Organization Details

Organization Description: This description should provide information about your organization. This should not be program specific.

Other Grants and Donations Received (Current Fiscal Year)

Name of Donor	Amount Received	Date
Donor Name	\$1,000.00	06/24/2024

Board of Directors

Name	Employer	Residential City & State
Board Member A	Name of Employer OR Occupation	City State
Board Member B	Name of Employer OR Occupation	City, State

Organization Budget File: BUDGET FILE FOR ENTIRE ORGANIZATION.pdf

Audited Financial Statements: MOST RECENT AUDITED FINANCIAL STATEMENT.pdf

Current Year Balance Sheet: YEAR TO DATE ORGANIZATION BALANCE SHEET.pdf

Previous Year Balance Sheet: ORGANIZATION BALANCE SHEET FOR PREVIOUS FISCAL YEAR.pdf

Current Year Profit & Loss Statement: YEAR TO DATE ORGANIZATION PROFIT AND LOSS STATEMENT.pdf

Previous Year Profit & Loss Statement: PREVIOUS FISCAL YEAR PROFIT AND LOSS STATEMENT FOR ORGANIZATION.pdf

Copy of most recent Tax Return: MOST RECENT TAX RETURN.pdf

Budget to Actual for Previous Fiscal or Calendar Year (Comparison of Income to Expenses): BUDGET TO ACTUAL FOR PREVIOUS FISCAL OR CALENDAR YEAR (COMPARISON OF INCOME TO EXPENSES) FOR ORGANIZATION.pdf

Number of Employees for your organization.: 5

Non-Discrimination Policy?: Yes, I will upload a file

Non-Discrimination Policy File: NON-DISCRIMINATION POLICY FOR ORGANIZATION.pdf

Program Information

Project Title: Actual Name of the Program - Not the Name of the Organization

Program Origination Date: 08/01/2022

Project/Program Description: This is an explanation of the reason(s) why the program was developed, including its significance and issues intended to be addressed.

Identify Problem: Make a list of the specific problems addressed by this program.

Goals and Objectives: List the goals and objectives for the program.

Example: Increase the number of clients provided with services by #% by 20xx.

Background and Rationale:

Who is your target audience for this program?:

- Aging/Seniors
- Children and Youth
- Economically Disadvantaged
- Ethnic/ Racial Minorities
- Families
- Immigrants/ Migrants, and Refugees
- Incarcerated People
- LGBTQ
- Men and Boys
- Military Personnel and Veterans
- People with Disabilities
- Substance Abusers
- Women and Girls

What is the focus area for the program you provide?:

Youth Development

How do you deliver your program?:

Explain what steps you take or services you provide.

How many people will this program serve?:

It costs \$_____ per person/family for _____.

Requested Cash Amount:

\$10,000.00

Total Use of Funds (Worksheet)

Dollar Amount	Description
\$2,000.00	Program Supplies-Be specific about what is included with generic categories
\$5,000.00	Emergency Assistance (food and rent) -Include price breakdown if applicable
\$3,000.00	Counseling-Include price breakdown if applicable
Total: \$10,000.00	

Total Project Budget: \$50,000.00

Project/Program Budget File: PROGRAM BUDGET - NOT ORGANIZATION BUDGET.pdf

Do you partner with other agencies who help with the same need?:

Yes

List Additional Supporters/Partners

NON PROFIT PARTNER
CHURCH
BUSINESS
EMCS WITH ORU GRANTS

Risk Analysis:

Partial Funding:

Yes

If partial funding, what is your most critical need.:

List the most important need for your program.

Demographics

Counties Served (Last Fiscal Year):

- Banks: 10%
- Barrow: 10%
- Clarke: 10%
- Franklin: 10%
- Gwinnett: 10%
- Hall: 10%
- Madison: 20%
- Outside of Jackson EMC counties served: 20%

Counties Served (Current Fiscal Year):

- Banks: 10%
- Barrow: 5%
- Clarke: 15%
- Franklin: 15%
- Gwinnett: 30%
- Hall: 20%
- Jackson: 5%

Implementation and Evaluation

Timeline and Milestones:



Important events, dates, decisions, or deliverables that mark key points in a the program's timeline. Milestones can indicate a change in stage or development, and can be used to track progress, gauge success, and ensure the program stays on track.

Funds Needed By: 01/01/2025

Measuring Success: Organizations can measure program effectiveness in many ways, including using data, surveys, and other methods.

Project Deliverables and Outcomes: If funded the entire requested amount, explain the projected impact of clients served with the requested amount.

Sustainability Plan: How will this program continue meeting the needs of the present without compromising the ability to meet future needs, and produce benefits within the community and target population that may or may not be dependent on the continuation of funding?

Additional Comments: Make additional comments only if there is a need to address any information not previously provided.

Additional Files:

Internal Review Information

Similar Applications:

Internal Notes:

Letter of Agreement:

Internal Meeting Date:

Program Expenses: EXPENSES FOR PROGRAM-NOT ENTIRE ORGANIZATION.pdf

Payment

Scan

No matches were found

Approval

Requested Amount: 10,000.00

***Recommended Amount:**

Prior Approved Grants

Request Status: External

Contact

Salutation:

***First Name:** [REDACTED]

***Last Name:** [REDACTED]

Title: [REDACTED]

Address:

City:

State:

Zip/Postal Code:

Secondary Phone Number:

Telephone: [REDACTED]

Email Address: [REDACTED]

Contact Type: