



Grant Application

The Compassion Foundation (TCF) is a not for profit 501 (c) (3) charitable organization based in Aurora, Illinois dedicated to it's mission of working to alleviate the suffering of the poor and to meet their needs. Through a variety of fundraising activities, TCF raises funds in order to provide grants to groups or individuals who work to that end and encourages self-help programs. Funding is based on need, not creed, thus TCF grants funds in a non-discriminatory manner.

Applications for assistance are accepted any time throughout the year and considered by the Board of Directors grant selection committee in October at which time applicants will be notified of the Boards decision. Funds are generally disbursed in December each year. Grants may be considered and disbursed at other times of the year based on board approval. Any one person or organization is limited to one grant with a maximum amount of 2,500.00 annually. Exceptions may be made on an emergency basis as approved by the grant committee of the board of directors.

Legal Name of Organization:

DBA (if applicable):

Mailing Address, City, State, and Zip:

Phone:

Fax:

EIN:

Website:

Name of CEO or Executive Director:

Phone:

Email:

Application Contact & Title (if not the CEO or Executive Director):

Phone:

Email:



Organization Information

Mission Statement:

Geographic Area Served (specific to this proposal):

Tax Exemption Status:

Year Founded:

- 501(c)(3) Please provide a copy of your determination letter
- Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

- Other than 501(c)(3), describe:

Number of Employees: Full-time:

Part-time:

Grant Request Information

Type of Grant Requested (select one):

Amount of Request: \$

- General Operating Support
- Program Support
- Capital Request
- Other

For requests other than general operating support, describe what the grant will be used for:



Financial Information

Organization's Current Budget for Fiscal Year Ending:

Income:

Expenses:

AND, if other than a general operating request,

Program or Capital budget:

Dates: from: to:

Income:

Expenses:

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director

Date

NARRATIVE

Project Goals, Objectives and Critical Success Factors

Briefly describe goals and critical success factors. Include a description of the project activities and how the project will meet gaps in service and increase capacity. *Please limit your answer to 350 words.*

Coordination Activities

Which partners will you work with?

Briefly describe the role of these partners in helping you achieve project objectives. *Please limit your answer to 250 words.*

Monitoring and Evaluation Plan

In this section, discuss how you will monitor progress toward objectives and how you will measure outcomes.

Please limit your answer to 250 words.



FINANCIAL ATTACHMENTS

Attachment 3: Sources of Income Table

Sources of Income Table

Complete the table below for the organization as a whole, based on the most recently completed fiscal year. Categories may be modified.

<u>Percentage</u>	<u>Funding Source</u>
_____ %	Government grants (federal, state, county, local)
_____ %	Government contracts
_____ %	Foundations
_____ %	Business
_____ %	Events (include event sponsorships)
_____ %	Individual contributions
_____ %	Fees/earned income
_____ %	Workplace giving campaigns
_____ %	In-kind contributions (optional)
_____ %	Other _____

TOTAL MUST EQUAL 100%.



A large, empty rectangular box with a thin black border, occupying the majority of the page. This area is intended for the applicant to provide details, supporting documents, or a narrative for their grant application.