

Background Information

IMPORTANT: Do not use your browser's BACK key - you will lose any unsaved data!

There is a red check mark to the right of text fields in this application. You may click on the check mark to spell-check your entry.

Executive Approval

For organizations with internal and/or external development staff, it is our experience that the grant application process is smoothest - both for the grant applicant and for COSF - when the application results from teamwork between executive and other organization staff. Given that, we ask for the following:

Executive Reviewer

Please enter the name of your organization's Executive Director, or next appropriate senior staff member.

Contact Information

Executive Contact Information

This should be the Executive Director, CEO, President, etc. For very large institutions, such as universities or hospitals, a senior department head may be listed.

Prefix **First Name** **Middle Name or Initial** **Last Name** **Suffix**

Title **E-mail**

Daytime Phone Number

Please only enter the numbers, no dashes or other symbols.

Extension

If applicable, please enter the extension.

Primary Request Contact Information

Whom should we contact if we need additional information on this grant request?

Same as above

Prefix First Name Middle Name or Initial Last Name Suffix

Title E-mail

Daytime Phone Number
Please only enter the numbers, no dashes or other symbols.

Extension
If applicable, please enter extension.

Organization Address

Address City State Zip Code

County

Phone Number
Please only enter the numbers, no dashes or other symbols.

Website
Please enter your web address.

Organization Information

Tax ID Legal Name
According to IRS Publication 78, this is the legal name associated with the tax ID number you submitted.

Organization Name/Doing Business As Name
Change this to the name by which you are most commonly known, if different from IRS records.

Year Founded
What year was the organization founded?

Organization Background
Please provide an overview of your organization. Please include:

- The vision and mission of your organization,
- The community and individuals served; and
- The services provided.

WORD LIMIT: 1,000 words
(You can click on the red check mark to the right of the field below to spell-check your entry.)

Grant Request

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Prior Grant

Significant Changes

Please explain any significant changes to your organization since your previous COSF grant request, including but not limited to, changes to your programming, budget or staffing.

WORD LIMIT: 350 words

Outcomes & Lessons Learned

Please briefly describe the progress toward accomplishing the goals and desired outcomes of the program described in your prior grant request. Did you execute the program substantially as described in your prior grant request? Did you achieve what you set out to do? Was the program budget substantially the same as it was proposed? Please explain.

WORD LIMIT: 350 words

Current Request

Request Summary

Please provide a brief (1 - 3 sentences) summary of your request. If you are requesting multi-year support, please include

how much you are requesting for each year.

WORD LIMIT: 50 words

Total Request Amount

Please enter the total amount being requested. If you are requesting multi-year funding, please enter the total amount for all years.

Request Grant Term

How many months would you like this grant to cover?

Request Title

Please list a title, not a description of your program.

Programs and Services

Without repeating what you included in the Organization Background field, please describe the program for which you are requesting support. Please include:

- A brief description of the population you serve and the need(s) you are meeting; and
- A detailed description of the program for which you are seeking support or, if you are seeking general operating support, the major programs and services provided by your organization.

WORD LIMIT: 1,500 words

Goals and Outcomes

As part of our review process, the Circle of Service Foundation is particularly interested in understanding your programmatic goals and outcomes. We use our Outcomes Chart as a tool to collect this information. Please [click here to download](#) our Outcomes Chart, instructions and samples of how an organization might complete the chart. If you have questions or would

like to discuss the chart before you submit your application, please contact your Program Officer.

Outcomes Chart

Please attach your completed Outcomes Chart below.

Outcomes Tracking System

What software or systems do you use to track your outcomes?

Fundraising

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Challenge Grants

A challenge grant is our commitment to award a specified amount of money to your organization based on the outcome of your fundraising in response to our challenge. The amount a recipient organization ultimately receives depends on the specifications of the given challenge. Please see [Challenge Grants](#), [Challenge Grant Tactics](#), [Examples of Successful Challenge Grant Strategies](#) and [Challenge Grant Frequently Asked Questions](#).

What are your fundraising priorities for the next 12 months?

If you have it, please provide specific information about your fundraising priorities such as:

- *Increasing donors at the \$500 and up levels*
- *Increasing your donor retention rate by X%*
- *Converting event donors to annual donors*
- *Increasing your total number of new donors by X%*

How would you use the challenge grant to advance your fundraising priorities? Also, keeping in mind that it typically takes about 90 days for us to fully review a grant, are there any dates or deadlines in your fundraising strategies that you would want to utilize specifically in relation to a challenge grant?

Donor Software

What do you use to track your individual donors?

If you selected Other or use more than one software system, please enter what you use below.

Would you need to do anything differently with your current donor management system in order to track new and increased giving for a challenge grant?

Board of Directors

Please Note: All of the questions in the following section are specifically related to your governance board.

How many people served on your board of directors in the most recently completed fiscal year?

Board Giving

What was the total amount personally contributed by the board for the most recently completed fiscal year?

Contributions through board member personal trusts, family foundations, or donor advised funds may be included if the individual board member personally contributed the funds held by the trust, foundation, or donor advised fund. Please exclude all value of in-kind goods or services.

How many board members gave a personal cash gift in the most recently completed fiscal year?

What was the range of personal giving from the board?

Please list the lowest amount and the highest amount - no names are needed.

Board Giving Notes

If you had less than 100% board giving in the most recently completed year, please explain why. Please also comment on board giving for the current fiscal year.

Board Getting

What was the total amount raised by the board for the most recently completed fiscal year?

Please exclude all personal board member contributions and the value of in-kind goods or services.

How many board members fundraised in the most recently completed fiscal year?

What was the range of amounts raised by board members?

What is the minimum "give or get" obligation for each board member, if applicable?

If this is not required, please respond "0".

Other

Other Board Notes

Please include information about any other boards operating at the organization (e.g. local advisory board, junior board, auxiliary board, etc. You may also use this space for any additional notes you'd like to share about your board.

Organization Financials

IMPORTANT: Do not use your browser's BACK key - you will lose all unsaved data!

PLEASE NOTE: If your organization operates nationally, the financial information below should represent the organization's national financial information. We may request local financial information during our review process.

You will need your organization's financial statements, the current year's budget, and next year's budget to complete the questions below. Please note that we use the following definitions:

- **Last Year:** The most recently completed fiscal year. Values for these fields should come from your organization's financial statements, or audit if available, for the most recently completed fiscal year.
- **Current Year:** The current fiscal year. Values for these fields should come from your current year's budget. They should be the total amount you anticipate for this year, not just the year to date amounts.
- **Next Year:** The next fiscal year (if available). Values for these questions should come from your budget for next year, if available. If your next year's budget is not available, you may leave these fields blank.

Fiscal Year End Date

When did your last fiscal year end?

Revenue

PRIVATE REVENUE

This includes individuals, corporations & foundations. Do not include the value of in-kind goods or services.

Last Year **Current Year** **Next Year**

GOVERNMENT REVENUE

This includes local, state and federal grants. Do not include reimbursement for services rendered, such as Medicare reimbursements.

Last Year **Current Year** **Next Year**

FEE-FOR-SERVICE REVENUE

This includes insurance reimbursements, third-party payments, and government reimbursement for services rendered.

Last Year **Current Year** **Next Year**

OTHER REVENUE

This includes interest, investment income, or allocations from a national affiliate or federated contributions for any given year. Do not include any revenue that was counted as private, government, or fee-for-service revenue above.

Last Year **Current Year** **Next Year**

TOTAL REVENUE

The amounts listed above as Private, Government, Fee-for-service and Other revenue should add up to the Total Revenue amounts below. The Total Revenue amounts below should also match the Total Revenue line of your financial statements and/or budget.

Last Year **Current Year** **Next year**

REVENUE NOTES

Please explain if any of the Other Revenue amounts above are more than 3% of total revenue for that fiscal year. You may also use this field for additional information you would like to share regarding revenue.

MAJOR SUPPORTERS

Please list your ten largest private organization supporters during the last 12 months. For multi-year support, indicate the total amount of support on an annual basis. (EXAMPLE: XYZ Foundation \$20,000/yr for 3 years (\$60,000 total, 2011-2013)) Also note whether the support is project specific or for general operations. Please exclude in-kind donations.

Expenses**PROGRAM EXPENSES**

Last Year	Current Year	Next Year
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ADMINISTRATIVE EXPENSES

Last Year	Current Year	Next Year
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FUNDRAISING EXPENSES

Last Year	Current Year	Next Year
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TOTAL EXPENSES

The amounts listed above as Program, Administrative and Fundraising Expenses should add up to the Total Expenses amounts below. The Total Expenses amounts below should also match the Total Expenses line of your financial statements and/or budget.

Last year	Current Year	Next Year
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Surplus / Deficit

The Surplus/Deficit amounts below should be equal to the Total Revenue amounts listed above minus the Total Expenses amounts listed above.

Please use the minus sign with the amount to represent a deficit. *Example: -5000 for a deficit of \$5,000*

Last Year	Current Year	Next Year
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DEFICIT NOTES

If the organization has recently experienced or is currently anticipating a deficit, please explain what has contributed to the situation and how the deficit will be reduced/eliminated. Also, the Surplus/Deficit amounts should be equal to the Total Revenue amounts listed above minus the Total Expenses amounts listed above. If this is not the case, please explain.

Net Assets

Last Year	Current Year	Next Year
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Reserve Funds

Last Year	Current Year	Next Year
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Salary Information

Please provide the titles and salaries for the organization's five highest-paid employees and the number of years at the current position. If any of these five positions have been filled for less than a year, please list the previous salary and the number of years in the position. If your organization operates nationally, please provide national staff salary information. We may request the local staff information during our review process.

Program Financials

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PLEASE NOTE: The following questions are specifically for the program for which you are seeking funding. This page is not required if you are seeking general operating support; in this case, you may proceed to the next page.

Please use your program's financial statements from last year, budget for the current year, and the request year budget to

answer the questions on this page. We use the following definitions:

- **Last Year:** The most recently completed fiscal year
- **Current Year:** The current fiscal year
- **Next Year:** The next fiscal year (if available)

Revenue

PRIVATE PROGRAM REVENUE

This includes program support from individuals, corporations & foundations. Do not include the value of in-kind goods or services.

Last Year **Current Year** **Next Year**

GOVERNMENT PROGRAM REVENUE

This includes program support from local, state and federal grants. Do not include reimbursement for services rendered, such as Medicare reimbursements.

Last Year **Current Year** **Next Year**

PROGRAM FEE-FOR-SERVICE REVENUE

This includes insurance reimbursements, third-party payments, and government reimbursement for services rendered by the program.

Last Year **Current Year** **Next Year**

OTHER PROGRAM REVENUE

This includes interest, investment income, or allocations from a national affiliate or federated contributions. Do not include any revenue that was counted as private, government, or fee-for-service revenue above.

Last Year **Current Year** **Next Year**

TOTAL PROGRAM REVENUE

The amounts listed above as Private, Government, Fee-for-service and Other revenue should add up to the Total Revenue amounts below. The Total Revenue amounts below should also match the Total Revenue line of your program budget.

Last year **Current Year** **Next Year**

REVENUE NOTES

Please explain if any of the Other Revenue amounts above are more than 3% of total revenue for the requested program for that fiscal year. You may also use this field for additional information you would like to share regarding revenue.

MAJOR PROGRAM SUPPORTERS

Please list your ten largest private program supporters during the last 12 months. For multi-year support, indicate the total amount of support on an annual basis. (EXAMPLE: XYZ Foundation \$20,000/yr for 3 years (\$60,000 total, 2007-2009)) Also note whether the support is project specific or for general operations. Please exclude in-kind donations.

Expenses**PROGRAM EXPENSES**

Last Year	Current Year	Next Year
-----------	--------------	-----------

ADMINISTRATIVE EXPENSES

Last Year	Current Year	Next Year
-----------	--------------	-----------

FUNDRAISING EXPENSES

Last Year	Current Year	Next Year
-----------	--------------	-----------

TOTAL PROGRAM EXPENSES

The amounts listed above as Program, Administrative and Fundraising Expenses should add up to the Total Program Expenses amounts below.

Last Year	Current Year	Next Year
-----------	--------------	-----------

Surplus / Deficit

The Surplus/Deficit amounts below should be equal to the Total Revenue amounts listed above minus the Total Expenses amounts listed above.

Please use the minus sign with the amount to represent a deficit. *Example: -5000 for a deficit of \$5,000*

Last Year

Current Year

Next Year

DEFICIT NOTES

If the program has recently experienced or is currently anticipating a deficit, please explain what has contributed to the situation and how the deficit will be reduced/eliminated.