CIRCLE OF SERVICE FOUNDATION

Supporting great organizations to enhance community, opportunity and well-being

Pre-application Questions

These pre-application questions provide you with an opportunity to review the Pre-application prior to beginning our online application process. Please note that we only accept Pre-applications submitted through our online application process, which can be found on the Application Page of our website.

Getting Started Questions

1. Has your organization ever received a grant from the Circle of Service Foundation?

2. Does your organization or one of your programs fall within one of our focus areas?

3. Do you have the capacity to fulfill a Circle of Service Foundation Challenge Grant?

4. During your last fiscal year, have you (a) had a broad base of non-governmental supporters and (b) received at least $75,000 in private revenue? For a discussion of what private revenue is, please see our Eligible Gifts FAQs. If you are a new organization, please see our New and Startup Organization FAQs.

5. Do you have a board of directors (or similar governing body) consisting of at least 5 unrelated members (with at least 4 members who are not employees of the organization) that is responsible for overseeing the organization's mission and evaluation operations?

6. Do your board members make meaningful personal financial contributions to your organization?

7. Can you clearly state your desired outcomes and your current year goals and results?
   If you are an established organization, can you also provide recent evaluation results (internal or external) and your analysis of those results?

Contact 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.

Address

City

State

Zip Code

County

Phone Number

Website

Executive Contact Information

Prefix

First Name

Middle Name or Initial

Last Name

Suffix

Title

E-Mail

Daytime Phone Number
Please list the direct-dial phone number.

Extension

Primary Request Contact Information

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

Prefix

First Name

Middle Name or Initial

Last Name

Suffix

Title

E-mail

Daytime Phone Number
Please list the direct-dial phone number.

Extension

Request Information

Request Amount

Request Title
Please list a title, not a description of the project. (Examples: Seniors Health Program)

WORD LIMIT: 10 words

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: 200 words

Programs and Services

Without repeating what you included in the Organization Background field, please describe the program or programs for which you are requesting support. While the vast majority of our grants include a challenge element, please do not focus your request on your fundraising strategy. Rather, please focus your response on the program or programs for which you are seeking funding. Please include:

- *A brief description of the program for which you are seeking support; and*
- *Goals of the program (including two to three measurable outcomes).*

WORD LIMIT: 200 words

Aside from the program described above, please list up to three additional programs for which you are fundraising, starting with your first priority.

WORD LIMIT: 50 words

Financial Information

Please use your organization's financial statements and the current year's budget to answer the expense questions below. We use the following definitions:

- **Last Year:** The most recently completed fiscal year
- **Current Year:** The current fiscal year

Organization Expenses

Total organization expenses for last year.

Total organization expenses for the current fiscal year.

Program Expenses (If applicable)

Total expenses for last year for the program for which you are seeking funding.

Total expenses for the current year for the program for which you are seeking funding.

Major Organization Supporters

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