

Jackson Foundation Grant Application

855 Highway 46 South, Dickson, Tennessee 37055

Date of application: _____

Organization Information – Cover Sheet

<i>Name of organization</i>		<i>Legal name, if different</i>
<i>Address</i>	<i>City, State, Zip</i>	<i>Employer Identification Number (EIN)</i>
<i>Phone</i>	<i>Fax</i>	<i>Website (If available)</i>
<i>Name of Chairman of the Board</i>	<i>Title</i>	<i>Phone</i> <i>E-mail</i>
<i>Name of contact person regarding this application</i>	<i>Title</i>	<i>Phone</i> <i>E-mail</i>
<i>How did you find out about The Jackson Foundation?</i>		

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No
If no, is your organization a public agency/unit of government? _____ Yes _____ No

Proposal Information

Please give a 2-3 sentence summary of request, written as if being described for marketing purposes:

Population served: _____ Geographic area served: _____

Funds are being requested for (check one)

_____ Start-up costs _____ Capital
_____ Project/program support _____ Technical assistance _____ Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

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Budget

Dollar amount requested: \$ _____

Total annual organization budget: \$ _____

Total project budget (for support other than general operating): \$ _____

Would you accept a grant in an amount less than you request? Yes ____ No ____

Authorization: *Signatures verify that the information in the proposal is true and accurate to the best of your knowledge.*

Name of Executive Staff Member: _____

Signature: _____

Name of Board Chair: _____

Signature: _____

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PROPOSAL NARRATIVE – UP TO FIVE PAGES

I. ORGANIZATION INFORMATION

- A. Brief summary of organization’s history, including the date your organization was established.
- B. Brief summary of organization’s mission and goals.
- C. Brief description of organization’s current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization’s relationship with other organizations working with similar missions. What is your organization’s role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.

II. PURPOSE OF GRANT

A. Situation

- 1. The opportunity, challenges, issues or need and the community (including geographic and population) that your proposal addresses.
- 2. How was that focus determined and who was involved in that decision-making process?

B. Activities

- 1. Overall goal(s) regarding the situation described above.
- 2. Objectives or ways in which you will meet the goal(s).
- 3. Specific activities for which you seek funding.
- 4. Who will carry out those activities?
- 5. Time frame in which this will take place.
- 6. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
- 7. Long-term funding strategies (if applicable) for sustaining this effort.

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III. EVALUATION

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?
- E. As a requirement of the grant, we ask you to acknowledge The Jackson Foundation funding for the project. Please list the ways that you will do so.

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SUBMISSION INSTRUCTIONS

All applications for grants should be made to The Jackson Foundation, 855 Highway 46 South, Dickson, Tennessee 37055 and clearly marked **ATTENTION: Grant Application Department**. Grant applications must be submitted by a paper application form in conjunction with this policy, according to the following instructions:

GRANTS MUST BE SUBMITTED NO LATER THAN JANUARY 31ST TO BE CONSIDERED IN THE FIRST GRANT CYCLE AND BY JULY 31ST TO BE CONSIDERED IN THE SECOND GRANT CYCLE.

Please include all of the following:

In the PDF document or paper form please include a cover page with the following: *Your Organization Name, Your Organization Address, the Date and Language “The Jackson Foundation Grant Application”.*

Please include:

- Five page or less proposal narrative (as described above).
- Additional funders. List names of corporations and foundations from which you are requesting funds for this project, with dollar amounts, indicating which sources are committed or pending.
- Brief description of key staff, including qualifications relevant to the specific request.
- List of board members and their affiliations.
- Most recent financial statement from most recently completed year, audited if available, showing actual expenses.
- Organization budget for current year, including income and expense (form below).
- Project budget, including income and expense (form below).
- A copy of your current IRS determination letter (or your fiscal agent’s) indicating tax-exempt 501(c)(3) status.

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ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

Source	Amount
<i>Support</i>	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
 <i>Revenue</i>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
	\$
	\$
	\$
Total Income	\$

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ORGANIZATION BUDGET, CONTINUED

	<u>EXPENSES</u>	
Item		Amount
Salaries and wages	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
	\$	
Total Expense	\$	
Difference (Income less Expense)	\$	

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PROJECT BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

<u>Source</u>	<u>INCOME</u>	<u>Amount</u>
<i>Support</i>		
Government grants		\$
Foundations		\$
Corporations		\$
United Way or other federated campaigns		\$
Individual contributions		\$
Fundraising events and products		\$
Membership income		\$
In-kind support		\$
Investment income		\$
 <i>Revenue</i>		
Government contracts		\$
Earned income		\$
Other (specify)		\$
		\$
Total Income		\$

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PROJECT BUDGET, CONTINUED

<u>Item</u>	<u>EXPENSES</u>	<u>Amount</u>	<u>%FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full or part-time.)		\$	
		\$	
		\$	
		\$	
SUBTOTAL		\$	
Insurance, benefits and other related taxes		\$	
Consultants and professional fees		\$	
Travel		\$	
Equipment		\$	
Supplies		\$	
Printing and copying		\$	
Telephone and fax		\$	
Postage and delivery		\$	
Rent and utilities		\$	
In-kind expenses		\$	
Depreciation		\$	
Other (specify)		\$	
		\$	
Total Expense		\$	
Difference (Income less Expense)		\$	