

AHZF Operating and Program Grants Application

Organization | Overview & Contacts

Organization		
Application Date		
Organization Name Fiscal Agent for Grant		
Organization Legal Name As listed on current 501(c)(3) IRS Determination Letter.		
Tax ID	Tax Registration Date	
Date Founded		
Mailing Address	City	State - Select One -
Zip Code		
Main Phone Number		
Organization Website URL		
Operating Entity Benefitting from Grant (if other than Applicant Organization) Complete this field only if different from Fiscal Agent for grant.		

Organization Executive Director or CEO		
Prefix Mr.	First Name	Last Name
Suffix		
Title	Office Phone	Extension
Mobile Phone		
E-mail		
Executive Director Tenure (Years)		

Primary Contact for this Request
No Same as Organization Executive Director or CEO If checked, the following fields will reference the contact information above.

Prefix - Select One -	First Name	Last Name	Suffix
Title	Office Phone	Extension	
Mobile Phone			
E-mail			

Request

Request Amount
Requested Grant Term (in months)
The Budget Format (included on Zarrow.org) must be completed for 1) a multi-year program grant request or 2) a one-year request with multiple funding components.
Project Title (Brief)
Project Description
Select for the Current Request:
Type of Support Program Area(s)
Population(s) Served

Organization | Program Details

Organization Program Details		
Full Time Employees	Part Time/Seasonal Employees	Volunteers
Organization Type		
Geographic Area Served	Number of Unduplicated Clients Served	
Clients Under 300% of the Poverty Level Fill in if data is available.		
Organization requires board members or staff to make commitments of faith. Check box if statement is true.		
Organization requires religious or faith practice as a component for participation of clients, staff or board. Check box if statement is true.		

Organization adheres to an Equal Employment Opportunity statement that includes non-discrimination regardless of age, gender, race, ethnicity, sexual orientation, disability, national origin, political affiliation or religious belief.
 Check box if statement is true.

Comments on answers above, if applicable.

Mission Statement

Describe your organization's core programs and services.

Describe the demographics of those benefitting from your organization's services.

(e.g., age, race/ethnicity, gender, income, etc.)

Describe your organization's core strengths.

If applicable, provide the start and end dates (years) for your current, documented strategic plan:

Start Date

End Date

Describe your organization's measurable outcomes and accomplishments this last year.

List any Organizational Accreditations or National Affiliations

Describe any major changes in the organization or program this last year.

e.g., change in mission, Executive Director change, loss of major funding, significant board or staff turnover, change in location, or expanded/downsized/eliminated programming.

Organization | Finances & Fundraising

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Organization Annual Budget

No **Organization has at least a 3-month reserve.**

Check if applicable.

Average Reserve Amount (Past 3 Years)

Organization has been operating in the black for the past three consecutive years.

Check box if statement is true.

Total amount of debt your organization carries, if any.

Current Endowment Market Value

Unrestricted Percentage of Endowment

REQUIRED: For the past year, list the percentages of revenue from the following sources:

Government Earned Income Fees

Earned Interest

Private Support (including Events)

In-Kind Donation

What percentage of the governing board contributed financially in the last fiscal year, and what was the total amount contributed?

Additional comments on answers above, if applicable:

Attachments

Attachments

The Anne and Henry Zarrow Foundation is committed to fairly evaluating each proposal submitted. In order to meet the due diligence required we also ask for additional information not contained within the application.

Please upload the following documents:

Attachment

Last Year's Actuals vs. Budget

Attachment

Current Year Organizational Budget

Proposed Program Budget

Download, complete and attach a copy of the Budget Format found on Zarrow.org for 1) a multi-year program grant request or 2) a one-year request with multiple funding components.

Attachment

Board of Directors (please include their occupation and their place of employment)

Attachment

List of Collaborative Partners (if any)

Attachment

Organization's Most Recent 990

Attachment

Most Recent Complete Audit.

DO NOT upload brochures, annual reports, newsletters, etc.

If you do not have documentation prepared at this point, click 'Save And Finish Later' to hold the application until

you have completed the appropriate forms. You cannot submit the application and send the attachments later. All applications that do not have appropriate documentation attached will not be processed.