SurveyMonkey for GOOD

Universal Grant Application Form - Template

CONTACT INFORMATION
Organization Name _____
Organization EIN Number _____ (XX-XXXXXXX)
Organization Main Point of Contact
Full Name _____
Title _____
Email Address _____
Phone Number _____
Organization Primary Address Address _____
Address Line 2 _____
City _____

Please report your Nonprofit Classification - for US organizations only
Based on the National Taxonomy of Exempt Entities (NTEE) system - used by the IRS, National Center for Charitable Statistics (NCCS), Foundation Center, and Charity Navigator to classify nonprofit organizations and grant opportunities.

- ❏ Arts, Culture, and Humanities
- ❏ Education
- ❏ Environment and Animals
- ❏ Health
- ❏ Human Services
- ❏ International, Foreign Affairs
- ❏ Public, Societal Benefit
- ❏ Religion Related
- ❏ Mutual/Membership Benefit
- ❏ Unknown, Unclassified

Please add any links or information that would be helpful for us to review
e.g. website link, annual report, social media handles

_____
_____
_____

MISSION

Organization mission

_____
_____
_____

BUDGET

Insert your organization's most recently reported annual operating budget (USD)

_____

Requested grant amount (USD)

_____

IMPACT

Please provide information on your organization's core programs.

_____
_____
_____

How many individuals are served by your organization annually?

_____

Please indicate the primary geography served by your organization.
- ❏ International
- ❏ National
- ❏ State
- ❏ County
- ❏ City
- ❏ Other

Do you collect and track demographic information for the individuals that are served?
Y/N

If available, please indicate, of your total individuals served, what percentage are from each ethnic group listed. If you don't have this information for any of the groups, please enter 0% Percentage (must equal 100%)

- White / Caucasian _____
- Spanish / Hispanic / Latino _____
- Black / African American _____
- Asian _____
- Pacific Islander _____
- Native American _____
- Other _____

What percentage of individuals served are considered "moderate or low-income"? (please reference HHS Federal Guidelines)

_____%

If available, please indicate, of individuals served, what percentage are from each gender identity listed. If you don't have this information for any of the groups, please enter 0%.

Female _____
Male _____
Others (Please Specify) _____

Do you serve any vulnerable or under-resourced/underfunded populations: (e.g. LGBTQ+, Refugees, Undocumented Immigrants)? If so, please describe.

_____
_____
_____

Please describe your approach to measuring the impact of your programs.

_____
_____
_____

Tell us a story of the impact of your programs. This can be anecdotal or cumulative. We just want to know more about all the great work you're doing!