

Paul Ogle Foundation, Inc.

Grant Application

Section I - Organization Information

Organization Name: _____ Application Date: _____

Federal Tax ID: _____ - _____ Date Incorporated: _____ Date of 501(c)(3) Letter: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Contact Person: _____ Title: _____ Phone: () - _____

Email: _____ @ _____ . Website: www. _____ . Fax: () - _____

List Affiliations with Other Organizations

Organizational Leadership – Top Three Local PAID Officers, Directors, Trustees or Key Employees

<u>Name</u>	<u>Position/Title</u>	<u>Total Compensation</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Principle Sources of Support

_____ % United Way	_____ % Government Contracts
_____ % Earned Income	_____ % Foundations/Corporations
_____ % Individual Contributions	_____ % Other:

My Organization Has Written:

- Conflict of Interest Policy
- Whistleblower Policy
- Compensation Policy

Employee/Volunteer & Service Area Count

How Many Total Employees Locally: _____

Full Time: _____ Part-Time: _____ Volunteers: _____

Total number of people directly served by your organization in last 12 months (clients, patients, students, etc.): _____

The number of SOUTHERN INDIANA persons (Clark, Floyd, Harrison, Scott, Switzerland & Washington county residents) directly served by your organization in last 12 months (clients, patients, students, etc.): _____

Section II – Organization Financial Reporting (Last Three Years Filed)

The following section provides the Paul Ogle Foundation with a snapshot of your organization’s financials for the immediate past three years. This information should be pulled directly from your IRS 990 forms.

Section IIA - Financial Reporting

Fiscal Year Begins In What Month? : _____

<u>Revenue Section</u>	FYE:	FYE:	FYE:	<u>Source</u>
Contributions, Gifts, Grants	\$	\$	\$	Part I – Line 8
Program Service Revenue	\$	\$	\$	Part I – Line 9
Investment Income	\$	\$	\$	Part I – Line 10
Primary Revenue	\$	\$	\$	Total Above Lines
Other Revenue	\$	\$	\$	Part I – Lines 11
Total Revenue	\$	\$	\$	Part I – Line 12
<u>Expenses Section</u>				
Grants paid	\$	\$	\$	Part I – Line 13
Benefits paid to or for Members	\$	\$	\$	Part I – Line 14
Salaries/Compensation/Benefits	\$	\$	\$	Part I – Line 15
Professional Fundraising Fees	\$	\$	\$	Part I – Line 16
Other Expenses	\$	\$	\$	Part I – Line 17
Total Expenses	\$	\$	\$	Part I – Line 18
Excess or (Deficit)	\$	\$	\$	Part I – Line 19
<u>Expenses Section Expanded</u>				
Advertising/Promotion	\$	\$	\$	Part IX – Line 12
Office Expenses	\$	\$	\$	Part IX – Line 13
Information Technology	\$	\$	\$	Part IX – Line 14
Occupancy	\$	\$	\$	Part IX – Line 16
Travel	\$	\$	\$	Part IX – Line 17
Payments of travel/entertainment of Fed, State, Local public officials	\$	\$	\$	Part IX – Line 18
Conferences, conventions and meetings	\$	\$	\$	Part IX – Line 19
Interest	\$	\$	\$	Part IX – Line 20
Payments to affiliates	\$	\$	\$	Part IX – Line 21
Insurance	\$	\$	\$	Part IX – Line 23
Total Expanded Expenses	\$	\$	\$	Total Above Lines

Compensation/Fees Section

Compensation of Officer/Directors	\$	\$	\$	Part IX – Line 5A
Other Salaries & Wages	\$	\$	\$	Part IX – Line 7A
Pension Plans & Other Benefits	\$	\$	\$	Part IX – Lines 8A & 9A Totalled
Management Fees (non-employee)	\$	\$	\$	Part IX – Line 11a (A)
Fundraising Fees (non-employee)	\$	\$	\$	Part IX – Line 11e (A)
Accounting, Legal & Lobbying Fees (non-employee)	\$	\$	\$	Part IX – Lines 11a, 11b, 11c (A) Totalled
Total Compensation/Fees Paid	\$	\$	\$	Total Above Lines

Balance Sheet

Assets	\$	\$	\$	Part I – Line 20
Liabilities	\$	\$	\$	Part I – Line 21
Net Assets	\$	\$	\$	Part I – Line 22

Section IIB - Working Capital Worksheet

<u>Current Assets</u>	<u>FYE:</u>	<u>FYE:</u>	<u>FYE:</u>	<u>Source</u>
Cash	\$	\$	\$	Part X - Line 1B
Savings	\$	\$	\$	Part X - Line 2B
Grants & Pledges Receivable	\$	\$	\$	Part X - Line 3B
Accounts Receivable	\$	\$	\$	Part X - Lines 4B
Investments - Securities	\$	\$	\$	Part X - Line 11B
Total Current Assets	\$	\$	\$	Total Above Items

<u>Current Liabilities</u>	<u>FYE:</u>	<u>FYE:</u>	<u>FYE:</u>	<u>Source</u>
Accrued Exp/Acct Payable	\$	\$	\$	Part X - Line 17B
Grants Payable	\$	\$	\$	Part X - Line 18B
Total Current Liabilities	\$	\$	\$	Total Above Items

Net Working Capital

Net Working Capital	\$	\$	\$	Total Current Assets minus Total Current Liabilities
Working Capital Ratio				Net Working Capital divided by Total Expenses

(use additional attached sheets if needed)

1. Summarize the purpose of your organization, its mission and goals

2. List any other organizations in the area with a mission and goals similar to your organization and describe collaboration efforts if any or if not, why is your organization different.

3. Why is this specific project/program to which you are applying for funding unique? Why is it needed?

4. Describe what changes will occur as a result of your program/project? Include both immediate and long-term effects.

5. Please describe your program/project's criteria for success. How will it be measured? Be as specific as you can with numbers or other measurable results.

6. The Paul Ogle Foundation encourages and supports regional organizations that directly impact the lives of citizens in Southern Indiana. What is this program/project's impact on this area? Please be specific, along with the numbers in which they are served today or will be served in the future with this Grant.

7. Describe the current funding sources for the OVERALL organization as well as future sources and amounts, including those applied for, received or committed. See Appendix C (page 7) for detailing the specific program/project fundraising efforts to which this Grant Application is requesting funds.

8. If sufficient funds are not raised for the program/project to which you are applying for a Grant, what plans are in place for its completion?

9. If any of the attached audited financial statements, operating budgets or tax returns (including the data from Section II of this application) shows a deficit, how does the organization propose to meet this deficit?

10. Describe your on-going plans for sustaining this Grant-specific program/project, including how it will be funded and managed.

Additional Articles for Submission (besides this application)

- Appendix A: A complete budget of the project or program, including any quotes, estimates, diagrams, etc.
- Appendix B: The organization’s annual operating budget in detail for the past fiscal year, current fiscal year and budgetary estimates on the upcoming fiscal year; include in-kind services and volunteer hours contributed. If part of a national organization, only provide the budget for the local chapter that will be responsible for the grant dollars, how they are spent and reported.
- Appendix C: Fundraising plans (if any) as well as a listing of individual, corporate or foundation gifts and amounts received and anticipated for this specific project/program where the amounts received/anticipated along with this Grant application requested amount from the Paul Ogle Foundation equals the total budget amount for this entire project/program.
- Appendix D: Current Board of Directors listing, including business addresses, occupations, and years on the Board.
- Appendix E: Current audited financial reports. Again, we are seeking the financials of the local organization that will be responsible for the Grant. If not available, please place a statement as to why.
- Appendix F: The Paul Ogle Foundation considers grant applications only from public charities as defined under the Internal Revenue Code and applicable regulations, applicant must provide either of the following items:

An applicant must have obtained a 501(c)(3) determination letter prior to submitting an application and certify they are not a 509(a)(3) organization. A valid copy of the organization’s determination letter must be included with this application.

If the applicant is not required to have obtained a 501(c)(3) letter, it must provide a copy of an IRS letter or a legal opinion certifying that the applicant is a public charity as described in Section 509(a)(1), (2) or (3).

Grant Application Signatures

Person Submitting Application

Signature _____ Date _____

Printed Name _____ Title _____

Organization Board Chairperson or Officer

Signature _____ Date _____

Printed Name _____ Title _____