



Grant Application Form

Applicant Information

Name/Address of Applicant:

Project/Program Name:
(Descriptive Title)

Amount Requested:

Name/Phone # of Contact Person

How check is to be made out if
Grant is awarded:

Applicant Signature:

Title:

Date:

Contract Administrator (must be completed if applicant is not tax exempt---see instructions)

Name/Address of Administrator:

Name/Phone# of Contact Person

We agree to administer any grant awarded as a result of this application and to do so for the amount specified as administration costs in the application.

Administrator signature:

Title:

Application Instructions

1. Prepare and submit the pre-screening letter.
2. After receiving the response from the New Harvest Foundation to your pre-screening letter, please make any alterations suggested and proceed with the application.
3. If you (the applicant) are not tax-exempt, you must find a tax-exempt organization which is willing to administer the grant. If this is the case, complete the CONTRACT ADMINISTRATOR section of the grant application form. NOTE: This section must be signed Contract Administrator.
4. Complete the BUDGET and BUDGET JUSTIFICATION SECTIONS of the Grant Application form. If this project will be partially funded by sources other than those additional funds (i.e. have they been awarded, have they been applied for, etc.)

The New Harvest Foundation will consider funding administrative overhead of no more than 10% of the total budget of any grant proposal. Personnel costs related to the delivery of direct services will be allowed provided the proposal explains how the personnel costs affect the delivery of those direct services. Additional information may be requested by the Grant Screening Committee if these items are included in the grant request.
5. Complete the project/program proposal:
 - A. Describe the project/program, event, service, or item(s) for which funding is being requested. If the request is for expansion or improvement of a current service, or both, also indicate how this is to be accomplished. Please include a project timeline.
 - B. Describe the impact this project/program will have on the LGBT communities in South Central Wisconsin.
 - C. Describe your organization's ability to carry out this project or provided this service in terms of general organization, personnel and financial resources.
 - D. Why is the project a priority for your organization?
6. Please use the following guidelines in preparing your proposal;
 - A. All applications must be typewritten, 10-point or 12 point font, with margins of no less than 0.5 inches;
 - B. Make sure you address each of the 5a, 5b, 5c, and 5d listed above;
 - C. Use no more than four pages in total for the grant application.
7. Submit the following materials to the New Harvest Foundation;
 - A. 18 copies of the grant application
 - B. One copy of proof of tax-exempt status of the applicant or contract administrator.
 - C. If desired, you may also submit copies of supporting materials specific to this grant application such as supporting letters from other agencies or persons, or resumes of project personnel.
8. Grant applications which are incomplete or which do not follow these instructions cannot be considered.