



James A. & Faith  
KNIGHT FOUNDATION

## GRANT APPLICATION

### SECTION 1: GENERAL ORGANIZATION INFORMATION

Application Name

Organization Legal Name

Organization Address

Organization Mission and Goals

Organization Annual Budget Amount

Name of Executive Director

Name of Board Chair

Executive Director Phone Number

Board Chair Phone Number

Executive Director Email Address

Board Chair Email Address

Is your organization applying for General Operating Support or Project/Program Support?

Amount Requested

Total Cost of Project

Purpose of Grant (one sentence, please)

Please list previously awarded grants or support to your organization from the James A. & Faith Knight Foundation for the past five years:

## **SECTION 2: ORGANIZATION LEADERSHIP AND GOVERNANCE**

What are your agency's top three to five agency goals for the next three years?

## **SECTION 3: HIGH QUALITY, IMPACTFUL PROGRAMS FOR WASHTENAW COUNTY & JACKSON COUNTY**

Describe your overall agency's activities and programs as they relate to advancing the mission of your agency.

Please describe the target population(s) your agency primarily serves.

What is your agency's approach and/or framework for programmatic evaluation? How do you assess program effectiveness?

Please provide one example of how your agency measures programmatic success.

## **SECTION 4: FINANCIAL STRENGTH**

Does your agency have sufficient unrestricted cash and/or investments available to manage the agency's current operating model?

How many months of unrestricted cash and/or investments does your agency have to cover current expenses?

## SECTION 5: PROGRAM SUPPORT REQUEST INFORMATION

**IMPORTANT:** Please only complete Section 5 if you are applying for a Project/Program Support Grant. Grant Summary.

Please describe the outcome you are working toward with this project.

Describe the services your program will provide. When, where, and how often will they be provided?

What is your organization's approach to implementing and sustaining program outcomes?

What are your long-term strategies for maintaining funding for this program at the end of the grant period? Please also list additional sources of funding for the program.

### Project Budget

Projected Revenues:

<i>Item</i>	<i>Amount</i>	<i>Actions</i>

Project Expenses:

<i>Item</i>	<i>Amount</i>	<i>Actions</i>

Please provide a brief narrative to accompany the project budget.

Please list all pending grants (including amounts) and the potential funders that may also support this project.

Please use the space below to share any additional information that was not included in the application?

## **SECTION 6: General Operating Support**

**IMPORTANT!** Please only complete Section 6 if you are applying for a General Operating Support Grant.

Does your organization have a current strategic plan?

Does your organization have a leadership succession plan?

Did your organization file an Agency 990 last year?

What is your organizations current fiscal year agency budget?

Please use the space below to share any additional information that was not included in the application?

I hereby affirm that the information provided on this application form is accurate and complete to the best of my knowledge and I understand that failure to submit additional materials (as specified in the guidelines) may result in ineligibility.

Type in your name (First Name & Last Name)

Type in your name (First Name & Last Name)

Date: