

# Discretionary Grant Cycle

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## *Community Foundation of Abilene*

### *Request Summary*

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#### **Project Name\***

Use this space to title your funding request. For example, you may title this request "Operational Needs" or if making a program request, "ABC Program Support."

#### **Amount Requested\***

Amount Requested

#### **Program Area\***

##### Choices

Animals  
 Arts and Culture  
 Children and Youth  
 Community Development  
 Disability Services  
 Disaster/Emergency Response  
 Economic Development  
 Education  
 Environment  
 Health  
 Health and Wellness  
 Human Services  
 Hunger Relief  
 Mental Health  
 OTHER  
 Religion  
 Senior Citizens  
 Social Justice  
 Social Services  
 Veterans  
 Workforce Development

#### **Type of Funding\***

Please select the most appropriate description for the funding request.

- Seed/Pilot – innovations/start-up funding
- Project/Program Support – a specific program/project within your organization
- Capacity Building – increasing, creating higher-quality and/or more sustainable services (assessment, expansion, resource development, etc.)
- Capital – small capital (equipment, buildings, vehicles) or capital campaigns
- General Operating Support – day-to-day costs of running your organization (office space, salaries, overall marketing, etc.)

## Geographic Restrictions\*

Discretionary grants are restricted to support projects/programs serving populations in Abilene and Taylor County, Texas. Can this grant be restricted to serving the required population?

### Choices

Yes

No; if no, DO NOT PROCEED

## Start Date\*

Please enter the estimated start date for your project.

## End Date\*

Please enter the estimated end date of your project.

## Applicant History\*

Please indicate if your organization is a first time applicant for the Community Foundation of Abilene's discretionary grant cycle.

### Choices

Yes

No

## IRS 501 (c) (3) Tax Determination Letter\*

If this is the first time your organization has applied for a discretionary grant, please attach your IRS 501 (c) (3) Tax Determination Letter.

## *Letter of Inquiry - Narrative*

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### Organizational Introduction\*

Provide an introduction to your organization's mission, history, recent achievements, and structure. *Character Limit: 2000*

### Project Summary\*

Provide a brief overview of the proposed project/program. *Character Limit: 1000*

### Target Population\*

Describe the population(s) you primarily intend to serve using the requested funds. Share general service information if the request is not program/project related. *Character Limit: 1000*

### Additional Information - optional

Is there any other information we might need to better understand the request, and/or the unique needs of the community served by this request? *Character Limit: 2000*

## *Financial Information*

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**Organization's current annual operating budget total\*** *Character Limit: 20*

**Request/Project Budget\***

Please complete the attached budget and upload your form. *File Size Limit: 2 MB*

**Financial Narrative - optional**

If desired, use this space to explain anything that may be unclear in the request/project budget or annual operating totals. *Character Limit: 1000*

# Request/Project Budget

## Amount Requested from CFA

## Total Project Expenses

Salaries

Contract Services

Travel

Equipment  
(Complete Bid Form)

Supplies

Printing and Copying Postage and

Delivery Marketing

In-Kind

Other (specify)

### TOTAL PROJECT EXPENSES

\$ \_\_\_\_\_ -  
A

\$ \_\_\_\_\_ -  
B

**A/B = Percentage of Total Project**

Additional funding sources (if applicable):

Funding Source

Amount Contributed/Status

Funding Source

Amount Contributed/Status

Funding Source

Amount Contributed/Status