

Future Fund Grant Cycle

Community Foundation of Abilene

Project/Program Name*

Character Limit: 100

Amount Requested*

Character Limit: 20

Program Area*

Choices

- Arts and Culture
- Community Development
- Education
- Health
- Human Services
- Operations

Staff Comments

Character Limit: 2500

Proposal Narrative

Organization Mission and History

Please provide the organization's mission and a brief history.

Character Limit: 2000

Project/Program Description*

Please describe the project/program.

Character Limit: 3000

Community Need*

What community need does this project/program address? What data exists to support this need?

Character Limit: 3000

Evaluation*

What are the expected outcomes for this project/program? Describe any tools, methods, and/or strategies that you will use to measure outcomes.

Character Limit: 2500

Project Budget

Proposed Use of Funds*

Briefly describe how grant funds will be spent in this project/program.

Character Limit: 1000

Project Budget*

Please fill out the attached project budget form. You will need to download the form, make changes and save a copy, then upload your new file.

File Size Limit: 2 MB

Annual Operating Budget

Financial Report*

Please upload your organization's annual operating budget (reflecting the period in which you are seeking funding). Feel free to utilize your own format or use the attached Financial Report Form.

File Size Limit: 4 MB

Attachments

Board of Directors*

Please upload a list of your Board of Directors.

File Size Limit: 1 MB

Tax Documentation Required for First Time Applicants

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

File Size Limit: 1 MB

Project Budget

	Amount Requested from CFA	Total Project Expenses
Salaries		
Contract Services		
Travel		
Equipment		
Supplies		
Printing and Copying		
Postage and Delivery		
Marketing		
In-Kind		
Other (specify)		

TOTAL PROJECT EXPENSES	\$ _____ - A	\$ _____ - B
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A/B = Percentage of Total Project

_____ #DIV/0!

Additional funding sources (if applicable):

Funding Source	Amount Contributed/Status
_____	_____

Funding Source	Amount Contributed/Status
_____	_____

Funding Source	Amount Contributed/Status
_____	_____

Financial Report

Please provide the fiscal year this budget covers:

REVENUE: Include the total budgeted amount for each of the following categories of your total operating budget for the fiscal year when the project will take place.

(This is the operating budget for the organization or the organization under which an entity operates. THIS FINANCIAL REPORT FORM IS NOT THE PROJECT BUDGET).

Grants/Contracts/Contributions

Local Government	\$0
State Government	\$0
Federal Government	\$0
Foundations (itemize)	\$0
	\$0
	\$0
	\$0
	\$0
Corporations	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
Individuals	\$0
Other (specify)	\$0
	\$0
	\$0

Earned Income

Events (net)	\$0
Publications/Products	\$0
Tickets sales	\$0

Membership Income

Other (specify)

\$0
\$0
\$0
\$0

TOTAL REVENUES

\$0

EXPENSES: Include the total budgeted amount for each of the following budget categories:

Salaries	\$0
Payroll Taxes	\$0
Fringe Benefits	\$0
Consultant and Professional Fees	\$0
Insurance	\$0
Travel (including education seminars)	\$0
Equipment	\$0
Supplies	\$0
Printing and Copying	\$0
Telephone, Fax and Internet	\$0
Postage and Delivery	\$0
Rent	\$0
Utilities	\$0
Maintenance and Repairs	\$0
Marketing	\$0
Other (specify)	\$0
	\$0
	\$0
	\$0
TOTAL EXPENSES	\$0
Surplus (deficit)	\$0