###### HAROLD J. MIOSSI CHARITABLE TRUST

Mr. Howard Carroll, Trustee

**GRANT APPLICATION**



The Harold J. Miossi Charitable Trust was established in 2010 to support charitable, educational, religious, and scientific purposes with a primary focus on the City and surrounding area of San Luis Obispo, California.

**REQUESTS FOR GRANTS MUST CONTAIN THE FOLLOWING INFORMATION IN THE FOLLOWING ORDER (Please be sure to complete, number, and label each section)**

1. **Grant Application Coversheet** *(found on page 3)*
2. **Organization Summary**

Provide a brief overview of your organization, including its history, goals, services/programs, organizational structure, and key achievements.

1. **Description of Specific Request**

Please describe the project or program for which you are seeking support. Please focus on the following components:

* Describe the need your organization is addressing
* Provide information about the constituents who benefit from your organization’s work (age, gender, race/ethnicity, income levels, geographic representation, any disabilities, language(s) spoken, or other criteria relevant to the work)
* State the goals and expected outcomes of this work, and include a timeline for meeting these goals and outcomes
* Describe the project/program design, giving detailed information about **how** project/program activities will occur
* Describe the challenges to the success of the proposed activities and how these factors could be overcome
* Describe how the amount requested will be spent
* If it is customary for your organization to recognize grantors when gifts are received, please describe how the Miossi Charitable Trust will be recognized

1. **Monitoring and Evaluation**

Please address the following:

* Include details of how your organization defines and measures success for the project/program
* State the specific goals and expected outcomes/success indicators of the requested project/program, including how you plan to meet these goals and outcomes. Include a timeline for accomplishing your goals. If this is an existing project/program, state the outcomes of the most recent year.

**Attachments:**

1. **Organizational Budget**

Include an organizational budget with revenue and expenses for the year for which you are requesting funding.

1. **Project/Program Budget**

Include a detailed, line-item total project/program budget for the year funds are requested, including revenue and expenses. If this is an existing project/program, submit a budget for the year prior to the requested budget.

1. **Other Funding Sources**

Provide a list of foundation, corporate, United Way, and/or government support secured over the past 2 years. Please state the source, dollar amount, grant time period, and the date received or requested. Also include any pending requests still outstanding. All columns should state a total amount. If project/program support is requested, also provide any additional funding earmarked for the project/program.

1. **List of Board Members**

Provide name, affiliation, address, years on the board, and any additional information.

1. **Copy of Tax Status Letter**

Provide a copy of the IRS tax exemption determination letter confirming 501(c)(3) status.

1. **Audited Financial Statements**

Provide a copy of the organization's (or fiscal sponsor's) financial statements for the most recently completed fiscal year (audited, reviewed, or compiled by an independent auditor, whichever is required for your agency). If your organization's budget size does not require an independent audit, provide unaudited financial statements and the most recent Form 990.

**Additional Notes:**

1. Please do not send any materials or attachments other than what is requested by the specific foundation. Additional materials will not be reviewed.
2. Please do not add the foundation or any of its representatives to general mailing or electronic lists, unless specifically requested.
3. Please make sure you have responded to any specific requirements of the foundation.
4. Please note that the attached Grant Application Acknowledgement must be signed and returned with the grant application.

###### HAROLD J. MIOSSI CHARITABLE TRUST

Mr. Howard Carroll, Trustee

###### APPLICATION COVERSHEET



*This coversheet* ***must*** *be included with all requests.* Please limit your responses to the space provided here and make additional comments in the proposal submitted with this coversheet. You can request an online version of this file so that you can type your responses directly into the document or you can print this coversheet and clearly handwrite or type your responses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organizational Information | | | | |
| Legal Name of Organization: | | | | |
| Address: | | | | |
| City: | | | State: | Zip Code: |
| Website: | | | | |
| Phone: | | | Fax: | |
| **Executive Director Name**: Mr. Ms. Dr. | | | | |
| **Contact Name** (if different from above): Mr. Ms. Dr. | | | | |
| Contact Title: | | | Contact Email: | |
| Contact Phone: | | | Ext.: | Fax: |
| Fiscal Agent Name (FA) (if applicable): | | | | |
| FA Address: | | | | |
| FA City: | | FA State: | | FA Zip Code: |
| IRS Determination Ruling Date: / / | | Federal Tax I.D. #: | | |
| Brief Overview of Organization (60 words or less): | | | | |
| # of Full-time Employees: | # Part-time: | | | # Volunteers: |
| **Fiscal Year Dates:** Beginning (Month/Day): Ending (Month/Day): | | | | |
| ***Most Recent Completed* Fiscal Year:** Revenue: $ Expenses: $ | | | | |
| ***Current* Fiscal Year Projections:** Revenue: $ Expenses: $ | | | | |
| **Sources of organizational revenue from the *most recent completed* fiscal year (list % of total revenue):**   |  |  | | --- | --- | | Federal % | In-kind % | | State  % | Individuals % | | City % | Endowment % | | Fees % | United Way % | | Foundations % | Other (Explain) % | | Corporations % |  | | | | | |

|  |
| --- |
| **Request Information** |
| **Funds Requested**: $ |
| **Type of Support Requested**: Program Project Capital |
| **Brief Overview of Request:** (60 words or less) |
| **Approximate Geographic Location, Demographics, and Description of Population Served:** (60 words or less) |
|  |
| Project Title: |
| **Project Budget**: |
| ***Most Recent Completed* Fiscal Year:** Project Revenue: $ Project Expenses: $ |
| ***Current* Fiscal Year Projections:** Project Revenue: $ Project Expenses: $ |
| Sources of project revenue from the *most recent completed* fiscal year (use projections if project is new):   |  |  | | --- | --- | | Federal % | In-kind % | | State % | Individuals % | | City % | Endowment % | | Fees % | United Way % | | Foundations % | Other (Explain) % | | Corporations % |  | |
| We have read the Application Procedures and understand the specific requirements of the Harold J. Miossi Charitable Trust. |
| We agree to report to the Trustee on the expenditure of funds received. |
| Signed: Title: Date: |

Grant Application Acknowledgement

(Please submit with grant application)

The undersigned applicant acknowledges and agrees that by completing and submitting a grant application to the **Harold J. Miossi Charitable Trust**, there is no certainty a grant will be awarded. Further, the undersigned applicant acknowledges and agrees that any and all communications, whether oral or in writing, by and/or between applicant and Trustee, or those acting on behalf of either, shall not and do not imply approval by the Trust and/or Trustee of applicant’s request for a grant. Approval of grant request shall only be made by an Award Letter and then only after applicant has executed a Grant Agreement confirming said award and agreeing to all conditions of same.

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Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date