

## ***GRANT APPLICATION INSTRUCTIONS***

The Memorial Foundation encourages an emphasis on substance rather than presentation. Please do not include any materials other than those specifically requested. Proposal materials should not be bound or prepared in other types of notebook form.

### **WHAT TO INCLUDE IN YOUR APPLICATION**

Submit fourteen (14) copies of the Memorial Foundation Grant Application Form (1 original, 13 copies):

- Cover sheet
- Proposal Narrative
- Project Budget

Submit one (1) copy of:

- your organization's IRS Determination letter on nonprofit status
- your organization's most recent audit or year-end financial statement
- your most recent 990 Tax Return (please make notation if you are not required to file)
- your organization's current Board of Directors with a brief explanation of their occupations or community affiliations
- your annual report or brochure describing your organization
- your organization's current operating budget (including revenue and expenses)
- organization and/or project budget (see attached form)
- list names of corporations and foundations that you are soliciting for funding, with dollar amounts, indicating which sources are committed, pending, or anticipated
- one-paragraph description of key staff, including qualifications relevant to the specific request

### **SUBMIT APPLICATION TO**

Irene Leache Memorial Foundation  
C/o The Chrysler Museum of Art  
245 West Olney Road  
Norfolk, VA 23510

## I. COVER SHEET

### IRENE LEACHE MEMORIAL FOUNDATION GRANT APPLICATION FORM

Cover Sheet (You may reproduce this form on your computer)

#### Date of Application:

#### Organization Information

Legal Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Individuals Responsible:

Name of Director/President: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact person (if different from top paid staff): \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Organization Description (2-3 sentences)

Is your organization a 501 (c) (3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, is your organization a public agency/unit of government or religious institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, name of fiscal agent (fiscal sponsor) \_\_\_\_\_

#### AMOUNT & TYPE OF SUPPORT REQUESTED

The dollar amount being requested:

\$ \_\_\_\_\_

- Project support  
 General operating support  
 Start-up costs

- Capital  
 Program equipment  
 Technical assistance

#### Grant Application Checklist

Proposal package should include the original proposal and 14 complete stapled copies. (We encourage the use of double-sided copies.)

##### 1. COVER SHEET

##### 2. PROPOSAL BUDGET SHEET

- Include both Irene Leache Memorial Foundation funds requested and cost share funds.
- Include signatures of project director and financial officer.

##### 3. PROJECT NARRATIVE A detailed project proposal including:

- Activities to be funded (including where and when they will take place)
- Subject and issues to be addressed and how the humanities are central
- Rationale: why the project is important
- Participation by scholars (names, qualifications, nature of their involvement)
- Who will attend or benefit
- Promotion plan
- Plan of work
- Anticipated outcomes and benefits of the project
- Evaluation plan

##### 4. ABRIDGED VITAE of scholars and other persons participating in the project (maximum one page each)

##### 5. SPONSOR'S BOARD OF DIRECTORS (names and addresses)

##### 6. ATTACHMENTS (letters of support, program agenda, bibliographies, list of exhibit items, etc.)

## II. Irene Leache Memorial Foundation Grant Application Form

### Proposal Narrative

(You may reproduce this form on your computer)

Please provide the following information in narrative form in this order. Five pages or fewer are recommended excluding attachments. Please be clear and concise.

#### A. Organizational Information

1. Brief summary of organization history.
2. Brief summary of organization mission and goals.
3. Description of current programs, activities, service statistics, and strengths/ accomplishments.
4. Your organization's relationship with other organizations working to meet the same needs or providing similar services. Please explain how you differ from these other agencies.
5. Number of board members, full-time paid staff, part-time paid staff, and volunteers.

#### B. Purpose of Grant

1. Situation
  - the *situation*—opportunity, problem, issue, need, and the community—that your proposal addresses
  - *how* that focus was determined
  - *who* was involved in that decision-making process
2. Specific activities
  - *specific activities* for which you seek funding
  - *who* will carry out those activities (if individuals are known, describe qualifications)
  - your overall goal(s) for this proposal
  - specific objectives or ways in which you will meet the goal(s)
  - actions that will accomplish your objectives
  - time frame in which all this will take place
3. Impact of activities
  - how the proposed activities will benefit the community in which they occur, being as clear as you can about the *impact* you expect to have
  - long-term strategies (if applicable) for sustaining this effort

#### C. Evaluation

1. How you will measure the effectiveness of your activities.
2. Your criteria (measurable, if possible) for a successful program and the results you expect to have achieved by the end of the funding period.
3. Who will be involved in evaluating this work (staff, board, constituents, community, consultants).
4. How evaluations will be used.

**III. BUDGET**

Total annual organization budget: \$ \_\_\_\_\_

**Proposal budget (for support other than general operating) \$ \_\_\_\_\_**  
(Income and Expenses)

**Proposal Summary**

*(If operating or start-up support, relate to the organization. If project and other support, relate to the project.)*

Project name (if applying for project support):

Please give a brief summary of the request and explain why your organization is the best vehicle for carrying out this project.:

Geographic area served:

Population Served:

**Authorization**

\_\_\_\_\_  
Name of Authorizing Official (type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Person (type)

\_\_\_\_\_  
Signature