



## **Friends of the Animal Center Foundation (FACF) Community Giving Application**

### **Proposal Checklist**

- FACF cover sheet
- Proposal narrative (Sections I, II, III should be no more than 2 pages total)
- Project budget
- Financial Statement, Form 990
- List of board members and their affiliations
- Brief description of key staff
- IRS determination letter

### **Proposal Guidelines**

1. Must be a non-profit organization with proof of 501(c)3 status.
2. Organization must be based in Johnson County.
3. *Preference* is given to organizations that do not euthanize adoptable animals.
4. All adoptable animals must be spayed/neutered prior to adoption.
5. Organization **must** provide a follow up report (including photos and/or video) on grant usage and funded program results within one year.
6. FACF does **not** fund organizations for startup costs.
7. FACF will **not** provide sustained funding for any program or project.
8. You may **not** submit a proposal for a project or program that FACF has already funded for your organization.
9. FACF does not fund individuals.
10. Completed proposals *must* be received by midnight September 15, 2019.
11. Completed proposals can be mailed to FACF, PO Box 1345, Iowa City, IA 52244.

## **FACF Proposal Cover Sheet (25 maximum points)**

Date of application:

Application submitted to:

### **Organization Information**

Name of Organization:

Legal Name, if different:

Address:

City, State, ZIP:

Employer Identification Number (EIN):

Phone:

Fax:

Website:

Name and Title of Top Paid Staff:

Email of Top Paid Staff:

Phone of Top Paid Staff:

Name of Contact Person Regarding Application:

Email of Contact Person Regarding Application:

Phone of Contact Person Regarding Application:

Is your organization an IRS 501(c)3 not-for-profit?

### **Proposal Information**

Please give a brief summary of request:

Approximate number of animals to be served:

Geographic area served:

Funds Requested for (please check one)

- Spay/Neuter Program/Project
- Vaccination Program/Project
- Education & Community Outreach Program/Project
- Extraordinary Veterinary Expenses
- TNR Program/Project
- Adoption Program/Project
- Enrichment Program/Project

Project dates (if applicable):

Fiscal year end:

### **Budget**

Dollar amount request:

Total annual organization budget:

Total project budget:

If the requested amount cannot be approved, would you accept partial funding?

### **Authorization**

Name & Title of staff or board chair:

Signature:

## **Proposal Narrative**

### **Organization Information (15 maximum points)**

1. Brief summary of organization history, including the dates of establishment and incorporation.
2. Brief summary of organization mission and goals.
3. Brief description of organization's current programs and/or activities, including any service statistics and strengths or accomplishments. If applicable, please include your euthanasia rate and policy. Please highlight new or different activities, if any, for your organization.
4. Your organization's relationship with other organizations working with similar missions. What is your role relative to these organizations?
5. Number of board members, full-time paid staff, part-time paid staff and volunteers.

### **Purpose of Funding Request (15 maximum points)**

1. Briefly describe the situation – the opportunity, challenges, issues, or need that your proposal addresses.
2. Overall goal(s) regarding the situation described above.
3. Objectives or ways in which you will meet the goal(s).
4. Specific activities for which you seek funding.
5. Who will carry out the activities described above?
6. Period in which this will take place.
7. How the proposed activities will benefit the community, being as specific as possible about the impact you expect to have?
8. Long-term funding strategy (if applicable) for sustaining this effort.

### **Evaluation (10 maximum points)**

1. Briefly describe your criteria for success. What do you want to happen as a result of your activities?
2. How will you measure these changes?
3. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
4. How will you share your evaluation results (press release, website, etc.)?

### **Attachments (10 maximum points)**

1. Most recent Form 990 tax return.
2. Project budget, including income and expenses.
3. List of board members, include affiliations, terms, and titles.
4. Brief description of key staff, including qualifications relevant to this request.
5. Copy of your IRS determination letter indicating tax-exempt 501(c)3 status.

## **Project Budget (25 maximum points)**

Please provide the budget for the project in which the proposed funding provided by FACH will be used. *This format below is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms.*

### **INCOME**

Government grants:  
Foundations:  
Corporations:  
Individual contributions:  
Fundraising events and products:  
In-kind support:  
Investment income:  
Revenue:  
Government contracts:  
Earned income:  
Other (specify):  
Total Income:

### **EXPENSES**

Salaries and wages:  
Insurance, benefits, and other related taxes:  
Consultants and professional fees:  
Travel:  
Equipment:  
Supplies:  
Total Expenses:

**Difference (income less expense):**