

ARISE CHARITABLE TRUST
info@arisecharitabletrust.org

Grant Application

Date _____

Agency Name _____

Address _____ Telephone () _____

City _____ Email address _____

Name and Address of
Board President or Chairperson

Name and Address of Executive Director

Do you have a “determination” letter from the Internal Revenue Service Addressed to the Agency or Organization applying for the grant, indicating its exemption from Federal income tax and including the following statement, or its equivalent?

“Contributions to you are deductible by donors under section 170 (c) of the Internal Revenue Code.” Yes _____ No _____

A copy of your IRS letter of determination must be attached to this application.

Are you aware of any action taken or anticipated by the IRS to cancel or terminate the qualifications of the agency or organization as a proper recipient of deductible contributions? Yes _____ No _____

--- If so, please provide full particulars, including action to remedy the deficiency.

Do you have all the necessary permits or licenses to legally provide service to the public? Yes _____ No _____ Please explain or list type, issuing agency, and expiration date of each.

Amount requested from Arise Charitable Trust:

Do you own, rent, lease or have a mortgage on the building currently housing your agency? If you rent or lease please attach or specify terms of agreement.

Does your building comply with existing codes and ordinances?

Have you ever been or do you hope to become a United Way Member agency?
Explain:

Briefly describe the purpose (s) and major programs (s) of the agency (use attachments as necessary):

Describe the program (s) to be supported by the requested grant: itemize the specific use's of Arise funds:

Have funds for this purpose been requested from other sources? Itemize, list purpose and date of confirmation of funds being requested or anticipated from other sources:

What region/client group will be served by the program(s) involved in this grant request?

What is the rationale for the proposed service? Why is your agency well qualified to provide this service?

Are the same or similar services offered by any other agencies to this region/client group?
Explain:

What alternatives have been investigated in an attempt to put Arise grant monies to the most productive use; e.g., joining with other agencies to provide the intended service, purchase of used or reconditioned equipment, sharing of equipment and facilities with other agencies, etc?

If this grant involves the purchase of article(s) of equipment for a specific program, how many hours per day and how many days per week will the equipment be in active use:

If this grant request is seed money for a project, what are the plans of your Board to continue funding the project after the grant is expended?

If Arise makes a grant to your agency, what is the time schedule for expenditure of these funds?

If Arise makes a grant to your agency, will you be willing to provide expenditure receipts and periodic reports required by the Arise Trustees?

List the names, address, and telephone numbers of three individuals outside your organization who are knowledgeable about your program(s):

1. _____ H: _____
_____ W: _____
2. _____ H: _____
_____ W: _____
3. _____ H: _____
_____ W: _____

Provide the following information on the financial status of your agency:

1. Date of latest financial audit: who performed?
2. Latest balance sheet (listing assets and liabilities).
3. Last fiscal year's income statement (detailing sources and uses of funds).
4. Budget for the current year (identify any income sources that are not firm commitments).
5. Budget projection for future year (s), if available.
6. Latest United Way Grant Application (if applicable).
7. Formal cost estimates or bids supporting the grant request.

Signature of Executive Director

Date

Signature of Board President/Chairperson

Date