



## GRANT PROPOSAL COVER SHEET

**PLEASE NOTE: PROPOSALS FOR 2024 CONSIDERATION ARE DUE NO LATER THAN OCTOBER 18, 2024.**

NAME OF ORGANIZATION:

ADDRESS:

CITY & STATE:

ZIP CODE:

FEDERAL ID# (IF APPLICABLE):

CONTACT PERSON & TITLE:

EMAIL ADDRESS:

*(NOTE: YOU WILL BE CONTACTED BY EMAIL TO CONFIRM RECEIPT OF YOUR PROPOSAL.)*

TELEPHONE:

WEBSITE ADDRESS (IF APPLICABLE):

PROJECT NAME:

PROJECT SUMMARY (30 WORDS MAXIMUM)

POPULATION WHO WILL BE SERVED (NUMBERS OF PEOPLE):

AMOUNT REQUESTED:

TOTAL PROJECT BUDGET:

NAME AND TITLE OF ORGANIZATION'S HIGHEST RANKING EXECUTIVE - PLEASE PRINT:

SIGNATURE OF ORGANIZATION'S HIGHEST RANKING EXECUTIVE:

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NAME OF BOARD CHAIR-PLEASE PRINT:

SIGNATURE OF BOARD CHAIR:

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Please read the Grant Guidelines and address all items in your request. If you have questions about preparing your proposal or next steps in the grantmaking process, please contact Susan D. Smith at [hornfdn@gmail.com](mailto:hornfdn@gmail.com) for assistance.

**You may electronically submit your application and required documents via the website. If you prefer, please submit one completed packet of all materials requested by mail to:**

**ADAM & NELLIE HORN FOUNDATION P.O. BOX 8127 UTICA, NY 13505.**



## **GRANT PROPOSAL**

The Horn Foundation values clarity, specificity, and brevity. You may add additional pages as necessary, but please do not exceed 5 narrative pages. Please single space your responses to questions. **NOTE: Hand-written proposals will not be accepted.**

### **YOUR ORGANIZATIONAL CAPACITY AND CAPABILITY:**

1. Provide a brief description of your project that addresses the following: the overall purpose of the project; the total number of people who will benefit and the geographic location that will be served; the outcomes you anticipate achieving; and how Foundation funds will be used.
2. Describe your organization, including its mission (the work you do) and vision (the ends you hope to achieve), services currently offered, numbers of people served annually, and any other attributes that distinguish your organization in the community.
3. How does this project enhance or expand your organization's mission?
4. What are your organization's strengths and how does your organization's experience/past track record uniquely qualify you to successfully implement this project and attain the outcomes you seek?
5. What has your organization achieved in the last 3-5 years that may have a direct impact on the project for which you are seeking support? What has quantifiably improved in your community because of your organization's efforts? In what ways have these improvements occurred and been measured?
6. If your organization has a Board of Directors, what percentage of your Board supports your organization financially?

### **YOUR ORGANIZATION'S PROJECT:**

7. Does your project address a specific need in your community? Who or what groups of people will be assisted by your project?
8. What data (if applicable) supports the need for this project? If such data exists, what is its source? Describe how the project will meet the identified need(s).

9. What community partners are important to this project's success? Describe the commitment and involvement already obtained from these partners.

**YOUR PROJECT'S RESULTS:**

10. What outcomes do you expect to achieve with this project? What measures will be used to demonstrate success? Please include measures beyond numbers – are there specific behaviors that will change because of this project? Will there be measurable outcomes for specific groups of people and, if so, what kind of impact is anticipated? What else will happen because of this project's implementation?



**PROJECT FINANCING**

Please list all sources of support that you already have, anticipate, or will pursue to implement your proposed project.

If there are in-kind (non-cash) sources of support (materials, supplies, labor, space, etc.) for this project, be sure to indicate that it is non-cash among the sources of income. If known, please give the estimated value that the donor places on these services.

11. Please list all funding sources already contacted or that you plan to contact to support this project, the amount of funding requested, and the status of the request – e.g., request approved and amount received; reason for denial; if pending, when decision will be made. If you include in-kind sources of support, please describe what it is as well as the source (e.g., 12 hours donated excavation work from 123 Excavating; 18 bags of mulch from Superior Nurseries).

FUNDING SOURCE	AMOUNT	STATUS

12. If your request for support is granted by the Foundation, how will this project continue after all Foundation funds are expended?
13. If funding is awarded by the Adam & Nellie Horn Foundation, how will you promote and publicize the Foundation’s role in supporting this project? Please be specific.

## **SAMPLE PROJECT BUDGET FORMAT**

Please present expenses and income clearly and concisely. This sample is provided as a format you are encouraged to follow:

### **PEE-WEE COMMUNITY BASKETBALL LEAGUE PROGRAM**

**EXPENSES:**

Salaries for two youth basketball coaches 5 hrs./week at \$10/hr. x 12 weeks x 2 people	\$ 1,200 *
Basketball team shirts 10 team t-shirts at \$15/shirt	\$ 150
Player recruitment event 3 evening sign-up events with juice/cookies for 25 at \$3/person	\$ 225
Printing/promotion (recruitment brochures, player waiver forms, game programs)	\$ 100
Gym rental – 12 home games and 24 practice sessions At \$20/session or game	\$ 720
<b>TOTAL EXPENSES</b>	<b>\$ 2,395</b>

**INCOME:**

Pee-Wee Parents Bake sale (secured)	\$ 100
EZ Auto Sponsorship (confirmed)	\$ 500
Dr. Jack Spratt, Pediatrician (private donation pending)	\$ 200
Adam and Nellie Horn Foundation (if approved)	\$ 1,595
<b>TOTAL INCOME</b>	<b>\$ 2,395</b>

The (\*) denotes that Adam & Nellie Horn Foundation funding will be used to underwrite the coaches' salaries.