Everett, WA 98201



# **Grant (request for funding) application**

Please limit the grant request to no more than 4 pages, plus the requested attachments. Please submit only complete, typed applications. Please limit answers to the available lines; do not exceed.

## **Organization information**

Contacts Agency name:	
Agency mailing address:	
City, State, Zip:	
Agency physical address: City, State, Zip:	
Grant contact name: Phone:	
Email:	
Chief executive name:	
Title:Phone:	
Demographic	
Total agency:	Snohomish County:
Number of full-time staff:  Number of part-time staff:	Number of full-time staff:
Number of volunteers:	Number of volunteers:
Geographic area served:	
Organizational background Please include mission statement and purpose, govern	

# **Proposal information** Amount of this request: \_\_\_\_\_ Funds needed by: \_\_\_\_\_ When funds will be used: From: \_\_\_\_\_\_ To: \_\_\_\_\_ Project name: \_\_\_\_\_ Total project cost: \_\_\_\_\_ What percentage (%) of total costs is this grant request? \_\_\_\_\_ Project cost per client: \_\_\_\_\_ Project type: ☐ Capital ☐ Specific program ☐ Other (please describe) Who will the project serve? What part of Snohomish County will this project serve? Describe the specific project, program or service this grant would fund? (Include a brief description and the goals of the project.)

How will this project be coordinated within the community so services aren't duplicated?		
How will success and effectiveness be measured?		
Does your organization get support from United Way? (If so, please tell us what percentage of your operating budget comes from United Way.)		

Please include any more needed comments here:	

#### **Attachments**

- Verification of tax-exempt status under Section 501(c)(3) of the IRS code
- IRS Form 990 (if available)
- IRS Form W-9
- List of current board members (include member affiliations and any other important information)
- · A complete project budget for which funds are being sought

### The Everett Clinic

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