

**ORGANIZATION INFORMATION**

**Organization Name:**

This may be your "DBA" name.

**Legal Name:**

This should match the name reflected in IRS Business Master File.

**Tax ID:**

If you do not have one, provide an explanation.

**Address:**

Main address for organization. If the address for the request contact is different, you will add that under the "Contact Information" tab.

**Phone:**

**Website:**

**Briefly describe your organization, including mission, background, and general services.**

Think of your response here as the organization's "elevator pitch" or "About Us" webpage. Do not use this section for proposal details, as that section will come later. If you are a returning grantee, you are welcome to reuse the organizational description from the prior application.

**PROPOSAL INFORMATION**

**Request Amount:**

**Purpose:**

If general operating, indicate "General Operating Support" as the purpose. If the proposal is support for a regional chapter or division of a larger entity, use the region/division name as the purpose. If for a project, then indicate a project title. (Maximum character count: 40)

**Type of Support:**

This should be general operating or restricted, absent prior discussion with PCLB. Note that if you are requesting general operating support for a regional chapter or division of a larger entity that manages all the finances, this would still be considered restricted support.

**Term (in months):**

This should be 12 months, absent prior discussion with PCLB.

**Single or Multi-Year Support:**

**Geographic Impact:**

What geographic area will benefit from this funding? Select from the options below.

**Total Proposal Budget (only applicable to restricted support):**

If requesting restricted support, please identify the TOTAL budget for the proposal, not just for the amount you are requesting from PCLB. For example, if requesting support for a specific project, then provide the total budget of that project. If requesting support for a state chapter of a national organization, then provide the total budget for the state chapter. Additionally, if the request is for multiple chapters/regions, combine the budget of each and enter that total into the field.

**Describe plans and activities for the grant period, including the use of funds requested by this application.**

If this proposal is for general operating support, describe your organization’s general plans and activities for the grant period.

**How do you plan to measure your work for the grant period? Please identify specific outcomes.**

Be thoughtful in your response in this section as we will ask you to report to us on these exact measures/outcomes, if awarded funding. Note that there may be additional reporting requirements associated with this proposal.

**FINANCIAL INFORMATION**

**Organization Budget (Current Year):**

**Budget Fiscal Year End Date (mm/dd/yyyy):**

Please provide the fiscal year end date for the Organization Budget number provided above.

**Financial Information – Audit**

Complete the following fields using the audited financial statements for your most recently completed year. If they are not available, you may use the 990 tax return for your most recently completed year. Enter the numbers exactly as shown in the audit/990; do not round.

**Are you required to conduct an audit?**

**Fiscal Year End Date (mm/dd/yyyy):**

Enter the FYE for the audited financials or 990 document you have provided.

**Total Net Assets:**

**Total Liabilities:**

Enter as a positive number.

**Total Revenue:**

**Total Expenses:**

Enter as a positive number.

If there are any notable items or issues identifiable in your financial documents (significant changes to revenue/expenses, audit deficiencies, etc.), explain the circumstances. If not applicable, enter “Not applicable.”

### CONTACT INFORMATION

**Organization CEO / Executive Director**

This should be the CEO, Executive Director, or equivalent role (generally not the chair of the board).

**Chief Financial Officer (or equivalent)**

Who has responsibility for the organization's finances? This is usually the CFO or someone with similar functions.

**Proposal Primary Contact**

This should be the person primarily responsible for completing this form; this person will receive correspondence about missing items and other information.

### SUPPORTING DOCUMENTATION

**Organization Budget**

The organization budget should identify expenses and revenues with sufficient detail. Organizations that engage in lobbying or advocacy should sufficiently detail those activities in the budget to allow PCLB to review for compliance with rules governing private foundations. If needed, contact us for additional guidance.

For 0-18-month grants: attach the annual budget for 3 consecutive years – past actual, current fiscal year, and next year’s projection.

For 19+ month grants: attach the annual budget for past actual, current fiscal year, and full-year projected budget(s) for the duration of the grant period.

Where we request future/projected budgets, estimates are sufficient: we do not require board-approved figures. There will be an opportunity during our reporting period to provide updated and more accurate financials.

**Total Proposal Budget (only applicable to restricted support)**

The proposal budget should identify expenses and revenues with sufficient detail. It should reflect total costs/revenues of a project, not just the portion being supported by PCLB.

If requesting support for a state chapter of a national organization, then provide the total budget for the state chapter. Additionally, if the request is for multiple chapters/regions, provide a budget for each chapter.

Projects that include lobbying or advocacy should be sufficiently detailed to allow PCLB to review for compliance with rules governing private foundations. If needed, contact us for additional guidance.

For 0-18-month grants: attach the annual budget for 2 consecutive years. This can be 1) the current fiscal year in which you are operating PLUS previous year's actuals or 2) current fiscal year PLUS next year's projections.

For 19+ month grants: attach the previous year's actuals PLUS current fiscal year budget PLUS full-year projected budget(s) for the duration of the grant period.

Where we request future/projected budgets, estimates are sufficient: we do not require board-approved figures. There will be an opportunity during our reporting period and/or next application to provide updated and more accurate financials.

**List of 5 largest donors (with annualized amounts) for your most recently completed fiscal year**

Donors are defined as any non-governmental support attributable to a single source (i.e., individual, corporation, foundation). If you are applying for restricted, project support, we are interested in a list of donors who are supporting the project.

**List of the Board of Directors/Trustees with Affiliations**

Include professional affiliations of each director/trustee.

**Audited Financial Statements**

Upload the audited financial statements for the most recently completed fiscal year (or the most recent statements if the ones for the recently completed fiscal year are not available yet). If you are not required to conduct an audit, you may upload the 990s for the most recently completed year.

**Photo**

For PCLB's communication purposes, please upload one photo (should be at least 2448 x 3264 pixels) that best captures your work. This photo could be used externally on our webpage or other publications. If we plan to use your photo submission externally, you will receive a photo release form to complete.

**Other**

Additional documents are NOT required, absent specific instructions from PCLB.

**Signed Fiscal Sponsorship Agreement (if applicable)**