

# The Clowes Fund Grant Application Form

**Application must be completed online via eGRANT for each *Preliminary and Final Proposal*.** This form is merely a template to guide you. Refer to instructions at <http://www.clowesfund.org/index.asp?p=30> if your organization's application is with a fiscal agent.

Legal name of organization: \_\_\_\_\_

Familiar name of organization if different from legal name: \_\_\_\_\_

Organization's mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Name and title of chief staff officer: \_\_\_\_\_

E-mail for chief staff officer: \_\_\_\_\_

Contact person and title (required if different from above): \_\_\_\_\_

E-mail for contact person: \_\_\_\_\_

Name and e-mail address of chief board officer: \_\_\_\_\_

Year founded or exempt status received: \_\_\_\_\_ Federal Employer ID #: \_\_\_\_\_

State your organization's mission. Please limit to space provided.

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Title of proposal: \_\_\_\_\_

Summarize proposal purpose and how The Clowes Fund grant will be used. Please limit to space provided.

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Field of interest (check one):  Social Services:  Education  Arts  Other: \_\_\_\_\_  
 Workforce Development  Art Education  
 Immigrants, Refugees and Asylees  Music Education  
 Youth Development

Type of request (check one):  Capacity Building  Challenge  Capital  Endowment  
 Project or Program  Operating  Matching  Seed Money

Area served by organization (check one):  city or county  multiple counties  statewide  multiple states

Describe: \_\_\_\_\_

Area to be served by proposal (check one):  city or county  multiple counties  statewide  multiple states

Describe: \_\_\_\_\_

Number of unduplicated individuals to be served by proposed project: \_\_\_\_\_

Proposal's primary target population and constituents (check only those that *substantially* apply):

- Ethnic and/or racial minority  
 Immigrant, Refugee  
 Economically disadvantaged

- Male  
 Female  
 Elderly

- Child  
 Adolescent  
 Other/ Describe:

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Funding period this grant will cover: from (m/d/y) \_\_\_\_\_ to (m/d/y) \_\_\_\_\_  
(Please note that the Fund will not support activities that occur prior to approval of the grant, which is generally in June.)

Amount requested: \$ \_\_\_\_\_ Project budget: \$ \_\_\_\_\_ request as percent of total project cost: \_\_\_\_\_ %

Current fiscal year organizational budget amount: \_\_\_\_\_ Fiscal year ends (m/d): \_\_\_\_\_

Does organization have audited financial statements?  Yes  No If so, list most recent (yr.) \_\_\_\_\_

What percentage of your board members contributed financially to your organization last year? \_\_\_\_\_ %

How often does your organization update its strategic plan?  Annually  Other: \_\_\_\_\_

Time Period covered by current strategic plan: #of years \_\_\_\_\_ beginning \_\_\_\_\_ through \_\_\_\_\_

***Preliminary Proposals, apply online via eGRANT by November 1<sup>st</sup>, include proposal narrative summary.***

***Final Proposals, apply online via eGRANT by February 1<sup>st</sup>, include the following required documents:***

**CHECKLIST:**

- Proposal narrative (Use 5 questions listed at [www.clowesfund.org](http://www.clowesfund.org) as an outline)  
 Organizational budget  
 Project budget  
 Clowes Fund Financial Form  
 Board roster with affiliations  
 Final or status report, if not previously submitted, for any prior grants from The Clowes Fund

**This application must be completed online.** However, if for some reason you are not able to upload required attachments, you may submit them electronically to [staff@clowesfund.org](mailto:staff@clowesfund.org). If absolutely necessary, you may mail required attachments. All materials must be received by the stated deadline regardless of mode of submission.

Please contact a Clowes Fund staff member if you have any questions.

**The Clowes Fund, Inc.**  
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**Indianapolis, IN 46204-1722**

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