

**O'CONNOR FOUNDATION
GRANT PROPOSAL**

Phone (607) 538-9248 • Fax (607) 538-1650
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PROJECT TITLE: _____ DATE: _____

ORGANIZATION: _____ EIN: _____

CEO/PRESIDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

COUNTY: _____

WEB: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: (if different) _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____

EMAIL: _____

PROOF OF TAX EXEMPTION - attach the following, as applicable:
an Internal Revenue Service Exemption Letter (Form 1045);
if part of a municipality, a letter from Town Clerk showing the organization is a line item in budget;
Churches, on organization letterhead, Certification Letter (available on O'Connor Foundation website).

ORGANIZATION'S ANNUAL BUDGET – attach a summary, on one (1) page the last two years balance sheets and income statements to show sources of income, expenses, reserves, and savings.

FOUNDERS:

CURRENT OFFICERS:

MEMBERSHIP: (actual number) Active _____ Inactive _____ Total _____

CORPORATE PURPOSE:

PRINCIPAL ACTIVITY:

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AMOUNT OF O'CONNOR FOUNDATION GRANT PROPOSED \$ _____

SUMMARY OF THIS PROJECT AND THE NEED OR PROBLEM IT ADDRESSES:

PROJECT COST: A detailed budget (income and expenses) - Show any local, state or federal support

PROJECTED FUNDING SCHEDULE: When funds are predicted to be requested over the life of the grant.

TIME SCHEDULE TO CARRY OUT PROJECT: include projected milestones

PROJECT START DATE: _____

PROJECT END DATE: _____

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GOALS AND OBJECTIVES OF THIS PROJECT:

SPECIFIC DETAILED EXPLANATION OF METHODS TO ACHIEVE PROPOSED OBJECTIVES:

WHAT WILL BE THE LONG-TERM BENEFIT OF THIS PROJECT?

EVALUATION: How will success of the project be measured? Over what time period and by what means?

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HOW WILL PROJECT BE FINANCED IN THE FUTURE?

HAS THIS PROPOSAL BEEN OR IS IT BEING CONSIDERED BY OTHER FUNDING SOURCES?

DOES THIS PROJECT DUPLICATE ANY EXISTING SERVICE OR AGENCY?

WHY IS YOUR ORGANIZATION QUALIFIED TO UNDERTAKE THIS WORK?

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LIST QUALIFIED INDIVIDUALS WHO ENDORSE THE PROJECT: (names & addresses)