



GRANT APPLICATION GUIDELINES

Please send your completed application to :

**Claude Moore Charitable Foundation
11350 Random Hills Road, #520
Fairfax, VA 22030**

Deadline for Submission - September 1, 2009

PLEASE SEND FIVE (5) COPIES OF YOUR COMPLETED PROPOSAL

CLAUDE MOORE CHARITABLE FOUNDATION

MISSION STATEMENT

APPROVED AUGUST 15, 1996

THE CLAUDE MOORE CHARITABLE FOUNDATION'S PRIMARY MISSION IS THE ENHANCEMENT OF EDUCATIONAL OPPORTUNITIES, INCLUDING HIGHER EDUCATION, FOR YOUNG PEOPLE IN THE COMMONWEALTH OF VIRGINIA AND ELSEWHERE.

8. Name, Title (*include only terminal degrees*), Address and Telecommunication Information (if different from subunit information) for the Project Director*:

9. **Grant Request: (Amount)** **(Duration)**

10. **Name (if applicable) and Description of Project to be Supported:**

11. **Tax Name of Organization Submitting Request:**

12. **Name and Title (*include only terminal degrees*) of Head of Tax Organization Submitting**

Request:

13. **Most Recently Completed Audited Year's Unrestricted Revenues Exclusive of Unrealized Gains:**

For office use only

Proposal received and complete:

Log Number:

_____/_____**Program/staff initials**

Date:_____

FORM A
PROPOSAL NARRATIVE

First Page of Proposal Must Be on Letterhead of Organization Requesting Grant

Please answer the questions below in narrative form. Only address the communications plan questions if dissemination or communications is a clearly defined component of your project.

ORGANIZATIONAL BACKGROUND

The following information may be submitted in any currently available form, such as an annual report or brochure.

1. Brief statement of the history and purpose for which your organization was formed and is operated.
2. Brief description of the current major programs that comprise your organization's services and the constituents served.
3. Brief description of the major accomplishments and capabilities of your organization.

STATEMENT OF NEED

1. Problem, need or issue your project will address.

OVERVIEW OF PROJECT

1. Purpose of the project.
2. Current status of the project.
3. How your project addresses the stated need.
4. Specific action plan and timetable for addressing the stated need.
5. Key relationships with other institutions and agencies that will enhance the chances of the project's success.
6. Resumes of key staff. (Please attach to the end of the proposal narrative.)

MEASURABLE OBJECTIVES

1. Clear, measurable objectives you will use to assess your progress in achieving the project's purpose. (Please include any specific indicators that you will use to track the progress of these objectives.)

COMMUNICATIONS PLAN

If your project will involve any kind of dissemination, promotion or public outreach, please address the following questions:

1. Your intended audience(s) and what means you will use to reach them.
2. If you are requesting funding for Web site development, or for video or CD-Rom production, please describe how this product will advance the goals of your organization/project and how it will be used.

FORM B PROJECT BUDGET

*The directions below will help you fill out the Project Budget Form on page 6,
which should be completed and returned with your proposal.*

GENERAL INSTRUCTIONS

1. The project budget should reflect each year of anticipated support and should be rounded to the nearest \$1,000. If your proposal is accepted, this budget will form the basis of your financial reporting throughout the grant period. If your application is for general operating support, the project budget should be your total organizational budget.
2. CMCF limits the amount of indirect costs it will support as part of a project *to no more than 10 percent of the salaries and fringe benefits that are to be covered directly by the grant*. All indirect cost allocations should be listed under the “Other” category of the Expenses sections, and the budget narrative should detail both the components of these line items as well as the allocation method(s) used.

Rent and utility expenses are assumed to be indirect costs and should therefore be listed under the “Other” category. However, if these expenses represent *direct* costs of the project, i.e., in order to carry out the project, additional facility and utility costs must be incurred, then they are not subject to the indirect cost limitation and should be listed as a line item under the “Rent and utilities” category. The budget narrative should provide a breakdown of these additional costs.

3. The project budget should be accompanied by a budget narrative. This narrative should include a description of how each line item in the budget was determined. The following guidelines will help you decide where expenses should be included and what level of detail is required. Not all the categories listed below may apply to your organizational budget; please use only those that apply to your anticipated revenues and expenses.
4. The project funds, should they be granted, will not be used for political lobbying.

REVENUES

Total revenues should match total expenses in the project budget. If there is a situation in which they will differ, please explain. Identify each source of revenue, the amount and whether funds are committed or anticipated. If the funds have not been committed, indicate the status as follows:

Funds anticipated (request submitted on [date]), decision to be made by [date]); or request to be submitted by [date] for decision by [date].

EXPENSES

Salaries- Include all staff salaries that are allocated to the project. Identify each position, salary and percentage of time devoted to the project.

Fringe Include related benefits and taxes allocable to the salaries listed above. Identify percentage of salary expenses.

Internships Include stipends, housing and related items. Identify number of internships, stipend per intern and how value of housing and related items is determined.

Consultants Include all fees, honoraria and expenses paid for consulting and professional services of individuals or organizations that are not paid staff of your organization. Identify consultants and anticipated costs individually.

Conferences/Meetings Include facility, attendance and meal expenses. Identify purpose and attendees.

Printing/Publications Include expenses for production of all printed materials. Identify specific publications, number of copies planned and anticipated size of each publication run.

Rent and Utilities Applies only to direct costs. See note two on page four.

Telephone Include all telecommunications expenses. Identify how anticipated usage is determined.

Supplies Include office supplies, subscriptions, books and other materials.

Postage Include all postage and delivery expenses.

Equipment Purchase Include all items over \$500. Identify each item of equipment and cost.

Equipment Maintenance Identify equipment being maintained and its relevance to the project.

Travel Include all air and rail fares and auto allowances. List the number of trips and destinations.

Other Include any items not listed above. Identify them individually in the spaces provided on the budget work sheet. Identify the method of allocating rent and utility expenses.

PROJECT BUDGET FORM

We will accept budgets submitted only in the following format

YEAR	<u> </u>	<u> </u>	<u> </u>	<u>TOTAL</u>
REVENUES:	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Other foundations	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Public agencies	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Corporations	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Individuals	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Grantee contribution	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Earned income	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
EXPENSES:				
Salaries	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Fringe	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Internships	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Consultants	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Conferences/meetings	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Printing/publications	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Rent and utilities	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Telephone	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Supplies	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Postage	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Equipment purchase	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Equipment maintenance	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Travel	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other:	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

Duplicate this page as necessary

FORM C
SUPPORTING DOCUMENTS

Please include the following information as appendices to your proposal

1. Audited financial statements for the three most recently completed fiscal years. If your most recent audit is not complete, include a copy of your draft audit or unaudited statement of financial position and statement of activity for the most recently completed year.
2. Explanation of any operating deficits or significant shifts (over 10 percent) in revenues or expenses over the three most recently completed years.
3. A current listing of the names and professional affiliations of the members of your governing board and the names and titles of your principal officers.
4. A photocopy of your IRS determination letter stating that you are exempt from payment of federal income tax (that you are a 501(c)(3) organization).
5. A photocopy of your IRS determination letter stating that your organization is not a private foundation under section 509(a) of the Internal Revenue Code.
6. A statement on your letterhead that your organization has had no change in status since the issuance of the IRS determination letters. This statement should be typed on your organization's letterhead (please send us the original copy) and be signed by an officer of your organization. Please refer to Attachment A for the format and wording for this statement.
7. If your organization's name has changed, a copy of the IRS documents reflecting this change.
8. The most recently completed year's actual revenues and expenses for the sub-unit. (Please include this information on page two of the attached Summary Sheet).

ATTACHMENT A

***Please Use this Format and Wording Typed on Your Own Letterhead with
Appropriate Spaces Filled In***

CERTIFICATE REGARDING TAX STATUS OF (Name of organization)

The undersigned, (name of officer), the (title of office held) of (name of organization) and as such authorized to execute this certificate in the name of (name of organization), hereby certifies that to the best of (his/her) knowledge, information and belief, the following facts are true, correct and complete:

- (1) (Name of organization) has received a ruling or determination letter(s) from the Internal Revenue Service stating that (name of organization) qualifies as an organization described in Section 501 (c)(3) of the Internal Revenue Service Code and in the particular section or sections of the Internal Revenue Service Code identified below (Please check the appropriate box and attach a photocopy of the IRS determination letter):

Sections 509 (a)(1) and 170 (b)(1)(A)(vi)

Section 509 (a)(2)

Section 509 (a)(3)

Sections 509 (a)(1) and 170 (b)(1)(A)(i), (ii), (iii), (iv), or (v).

- (2) Notice of a change in the status of (name of organization) under the section or sections of the Internal Revenue Service Code identified above has not been made to the public (such as by publication of the Internal Revenue Bulletin), and the Internal Revenue Service has not given notice to (name of organization) that it will be deleted from such status.

(name of organization)

Dated _____

(signature of responsible officer)

(title of office held)

ATTACHMENT B PROPOSAL CHECKLIST

Please enclose the following checklist with your proposal to show that ALL applicable documents are included. This will help expedite our review process.

_____ SUMMARY SHEET (*pages one and two of this package*)

PROPOSAL NARRATIVE (*the first page of your proposal must be on letterhead of organization submitting request*)

- _____ organizational background
- _____ statement of need and workplan and justification
- _____ overview of project
- _____ measurable objectives
- _____ communications plan (if applicable)

_____ PROJECT BUDGET (*including budget worksheet and narrative for revenue and expenses*)

- Each year of CMCF support should be rounded to the nearest \$1,000.
- Revenues should match expenses; if there is a situation in which they will differ, please explain.
- Each source of revenue should be identified, with the amount, and whether funds are committed or anticipated. If the funds have not been committed, indicate the status as follows: Funds anticipated (request submitted on [date], decision to be made by [date]; or request to be submitted by [date] for decision by [date])
- Indirect costs (overhead) funded by CMCF cannot exceed 10 percent of salary and fringe allocated to the CMCF grant.
- Rent and utilities: a separate rent and utilities line item may be included in a budget only if new space acquired will be specifically for the grant project. Expenses associated with existing space are considered overhead.
- CMCF considers a project year to be 12 months beginning the first day of the month following the board meeting at which the proposal was funded. (For example, if the board meeting is held in December, 2001, then the first project year will be December 1, 2001 through December 31, 2002). Please ask CMCF program staff at which board meeting your grant is to be presented.
- CMCF cannot pay for costs incurred prior to the board meeting.

SUPPORTING DOCUMENTS

_____ AUDITS (*audited financial statements for the **THREE** most recently completed fiscal years*)

Note: If your most recent audit is not complete, please include a copy of your draft audit or unaudited statement of financial position and statement of activity for the most recently completed year.

Note: If your organization does not have audits, please submit financial statements (for the three most recently completed years) in the following order of preference: (1) Reviews or compilations prepared by an auditor; (2) 990's; (3) Internally prepared statements of financial position and statements of activity.

- _____ Explanation of any significant shifts (10 percent or more) in revenues or expenses, if applicable.
- _____ A current listing of the name and professional affiliations of the members of your board of trustees and the names of the officers.
- _____ A photocopy of your 501©(3) IRS determination letter stating that your organization is exempt from income tax.
- _____ A photocopy of your IRS determination letter stating that your organization is not a private foundation under section 509 (a) of the IRS code.
- _____ A photocopy of the IRS document stating that your organization's name has changed, if applicable.

_____ATTACHMENT A (this must be typed verbatim on your organization's letterhead. Photo and fax copy will not be accepted. Please remember to check off the appropriate IRS section code)

Name of person preparing proposal:

Tel: ()

Fax: ()

E-mail:
