[ O R GA NIZ ATIO N NA ME ] : D EV ELO PM E N T P LA N N ER [Y EA R]

PRIMARY CONTACT

GOAL

$ FOR PURPOSE

Funding Opportunities Priority Deadline Notes

.

**UPDATES:** NOT A MATCH

RECEIVED FUNDING

**Received To-Date: $0**

REVISIT AT A LATER DATE

[organization name] Development Planner [year] – [Project Name}

|  |
| --- |
| **Goal 1:****Aligns with which Grant/Funder Priority?** |
| **Measurable Outcome(s)** | **Strategies/Activities** | **Timeline** | **Resources Needed**(labor, materials, cost, expertise, etc) | **Evaluation Measures** | **Staff Responsible** |
| Objective #1: |  |  |  |  |  |
| Objective #2 |  |  |  |  |  |
| Objective #3 |  |  |  |  |  |

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| **Goal 2:****Aligns with which Grant/Funder Priority?** |
| **Measurable Outcome(s)** | **Strategies/Activities** | **Timeline** | **Resources Needed**(labor, materials, cost, expertise, etc) | **Evaluation Measures** | **Staff Responsible** |
| Objective #1: |  |  |  |  |  |
| Objective #2 |  |  |  |  |  |
| Objective #3 |  |  |  |  |  |

# GRANT PREPARATION CHECKLIST

**PURPOSE**

Items you will need for many grant proposals that you should have in an easily accessible location. Review all and prepare, locate, or create those that you do not have current or available.

**ORGANIZATIONAL BACKGROUND**

Address, Phone, Web Address History of Organization (narrative) Year Established

Mission, Vision, & Values Statements Service Area/Location Addresses/Contact

Information

Target Population

Current Programs/Services Descriptions Number Served in Previous Year Number FTE

Other/Notes

**TAX DOCUMENTS**

Tax Exempt Status Letter IRS Form 990

W-9

Dun & Bradstreet Number (DUNS) SAM Registration

Other Registrations as necessary

**FINANCIAL INFORMATION**

Detailed Organizational Budget Financial Statement (recent) Most Recent Audit

Program/Project Budgets Sources of Funding Other/Notes

**GOVERNANCE**

Board of Directors

(including affiliations & contact information) Organizational Chart

Current Strategic Plan

Articles of Incorporation Principal/Council Chairperson Bio Compensation

**PROGRAM/PROJECT INFORMATION**

Detailed Program/Project Description

Year Established Location Address Contact Information

Target Population

Number Served in Previous Year Current Outcome Measures Outcomes from Previous Year

Staffing Structure/Org Chart(s)

Job Descriptions Resumes/Bios of Key Staff Success Story

**OTHER DOCUMENTATION**

Corporate Compliance Plan Performance Improvement Plan Policies/Procedures

Best Practices Utilized MOAs/MOUs

Letters of Support Collaborating Partners Contracts

% of Board Giving Financially History of grants received/denied

Solicitation License (where applicable)

Articles of Incorporation & By-Laws, including year established



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| **DONOR NAME** | **CONTACT PERSON** | **FUNDING DATE** | **AWARD AMOUNT** | **PROGRAM FUNDED** | **STAFF RESPONSIBLE** | **REPORTING DEADLINES (PROGRESS/FINAL)** | **Status** | **Grant/Report Access** |
| *Sample:*FFG Foundation | Ana Smith Program OfficerPhone Email: | 6/20/2017 | $5,000 | STEM programming for 500 local students grades 4-8 | After-school director | Mid-year progress report: Dec 15, 2017Final: July 1, 2018\*Submit via web-portal | submitted | [www.FFGgrants.org](http://www.ffggrants.org/) Username:PW: |
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| **DONOR NAME** | **CONTACT PERSON** | **FUNDING DATE** | **AWARD AMOUNT** | **PROGRAM FUNDED** | **STAFF RESPONSIBLE** | **REPORTING DEADLINES (PROGRESS/FINAL)** | **Status** | **Grant/Report Access** |
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Page | 2

# SAMPLE REQUEST LETTER FOR LOCAL BUSINESS

[Insert Date]

Dear [Business Manager/Charitable Giving Program Manager]:

[Insert requesting organization's name] would like to thank [insert potential business donor name] for taking the time to meet with representatives from our board and staff and for considering our request for funding. We are working towards a critical goal of raising [insert $ amount] in order to in order to maintain/launch our [insert program/project name] program this coming year. As you might well know, [insert your organization name] is the [insert statement that makes your organization unique…largest, only, most effective, etc]. Each year our organization provides critical programming that impacts more than [insert number served] diverse members of our community.

While [insert organization name] was originally founded in [insert organization inception date] to [insert mission statement] Our organization has grown significantly over the last [insert time frame]. In addition to [list specifics…advocacy, health, education, etc] services and outreach programs our staff provides [insert additional services] in partnership with [list key community partners].

You might not realize it, but our community depends on our organization for [insert statement of major community need and how your organization responds to that need.] For this reason, we are reaching out to community partners who have an invested interest in the services that our organization provides on a daily basis.

We have data and personal stories to demonstrate how contribution dollars truly impacts the lives of program participants. We ask you to consider our current needs and our request to help [insert organization name] as we search for creative ways to address the current economic climate/community needs and keep/launch this critical initiative. In the upcoming months, we are partnering with more than [insert #] local business, community organization, and foundations to make this project a reality. We ask that you become part of the change this community so desperately needs.

We greatly appreciate your consideration of this request and eagerly await the assurance that [insert business name] and [insert organization name] will be able to partner as we serve families across the [list specific region]. Should you have any further questions, please feel free to contact me in the office or on my work cell: .

Sincerely,

|  |
| --- |
| **Organization** |
| **Preliminary Budget** |
| **Year:** |
| **Funding** |
| x grant | $ 25,600 |
| x grant | 100,000 |
| Grants | 40,000 |
| Local churches | 25,000 |
| Constituent donations | 12,000 |
| Individual donations | 15,000 |
| Corporate donations | 20,000 |
| Other revenue |  2,000 |
| **TOTAL FUNDING** |  **$ 239,600** |
| **Expenses** |
| Personnel |
| Salaries | $ 100,000 |
| FICA & Medicare (7.65%) | 10,000 |
| Workers compensation insurance (2.5%) | 5,000 |
| Retirement | 1,000 |
| Health insurance |  14,000 |
| Total personnel expenses | $ 130,000 |
| Operations |
| Bonding insurance | $ 150 |
| Liability insurances | 1,400 |
| other expenses | 12,000 |
| Office supplies | 2,000 |
| Printing | 500 |
| Telephones and Internet | 4,000 |
| Postage | 400 |
| Public relations/advertising | 500 |
| Materials & supplies | 2,400 |
| Equipment and repairs | 1,000 |
| Travel | 3,000 |
| Training & staff development | 1,000 |
| Office rent | 600 |
| Interest | 1,000 |
| Audit | 1,000 |
| Other |  7,000 |
| Total operations | $ 37,950 |
| **TOTAL EXPENSES** | **$ 167,950** |
| **FUNDING MINUS EXPENSES** | **$ 71,650** |
| **cash at year end** | **$ 10,000** |
| **CASH ENDING AT:** |  **$ 81,650** |