

Short Form

Please Note:

- There are three parts to the Short Form. Please complete all three:
 - Cover Sheet
 - 2-page Overview of Funding Request
 - o Required Attachments

The Common Grant Application Short Form was developed to facilitate the application process for grantseekers.

Any funder that has agreed to accept this form may request additional information at any stage in the proposal process.

Instructions:

- 1. Determine how the application should be submitted and the number of copies required.
- 2. No hand written proposals.
- 3. Please answer all the questions unless otherwise instructed by the grantmaker.
- 4. Please do not include any materials other than those specifically requested.
- 5. Check with the individual grantmaker to find out how they would like this form to be submitted.

Resources:

- St. Louis Public Library's Grants and Foundation Center-http://previous.slpl.org/using/foundation.htm
- Foundation Center Guide to Proposal Writinghttp://foundationcenter.org/getstarted/tutorials/shortcourse/components.html

Visit the User Guide for the following information:

- Common Grant Application background.
- Frequently Asked Questions.
- Glossary of terms.
- Proposal writing tips.
- Guide to each question asked in this short form including examples on how to best answer each question.

Common Grant Application Short Form									
Cover Sheet									
Grantmaker to whom this application is submitted:	Concerned Citizens for Crystal City								
Application Date:	March 19, 2013								
Applicants Legal Name: (as shown on IRS Letter of Determination)	Crystal City Schools								
Doing Business As: (if different from legal name)	Helping Hands Crystal City-Crystal City School District								
EIN #:	Federal Tax ID: 436000938 State Tax ID: 12495913								
Address:	1100 Mississippi Avenue								
City:	Crystal City	State:	Мо		Zip code:	63019			
Telephone #:	636-937-2005	Fax #:							
Executive Director:		Phone #:							
(or Top Executive)	(Please include prefix and title)	Email Address	Email Address:						
Main Contact(s) for this Proposal:	Taylor Massa/Emily Holdinghausen (Please include prefix and title)	Phone #:		636-937-2005/314-805-3519					
		Email Address:		massat@crystal.k12.mo.us, eholdinghausen@gmail.com					
		Phone #: Email Address:							
Board President:									
Applicant's tax- exempt status/ IRS designation: 501(c)(3) organization based in Crystal City. (Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination)									
Organization's mission statement:									
Our mission is to ensure that no child in the Crystal City school district is in danger of going hungry over the weekends.									
Type of request (check one): Note, not all funders support each type of request. Check with individual grantmaker.									
	Capacity Building [x] Program/Project								
[] Capital [] Other (explain)									

[] New Project	[x] Existing Project	[] Ex	cpansion of Existing Project			
Project Name: (No general operating)	Helping Hands					
We are requesting funds from continue to serve the less fortureceive proper nutrition while	Concerned Citizens of Crystal City unate families in our school district they are away from school. 100% to prepare food items for children	to purchase food for Helpin ct, and ensure the less fortun of all money received from	Helping Hands goes directly			
Funding Period Requested: (be specific)	3/ 30 /2013 through 12 / 31 /2013	Amount Requested:	\$2000			
Total Project Budget for this period: Organization Fiscal Year:	\$175/Week 8/ 18/2012 through 6/30	Current Annual Organizational Budget: 0 /2013	\$0 (we are funded only through donations)			
Geographic Area(s) Served: (Should include Crystal City)	Crystal City Elementary School					
List applicant's membership of a giving federation: (e.g., United Way, Arts & Education Council, Jewish Federation, Earthshare Missouri)						
Agreement I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.						
Signature, Executive Director	of the organization)		Date			

In a maximum of two-pages, please include:

- 1. Brief organizational history and brief description of previous year's accomplishments.
- 2. Purpose of this funding request. Please describe:
 - a. Community needs or problems to be addressed by this project/organization.
 - b. The target population, number of individuals, and geographic area that will benefit from this proposal.
 - c. What you hope to accomplish (outputs and/or outcomes), and
 - d. How you intend to accomplish the above.
- 3. Names and brief description of roles of partners on this project (if applicable).

Required attachments:

- 1. Project budget using the budget template provided.
- 2. Organization's current budget.
- 3. IRS Letter of Determination