

# Feasibility Grant

## APPLICATION FORM



### ABOUT THE APPLICANT

All of the information below refers to the eligible organization that is applying for the grant and accepts responsibility for all funds received.

Organization Legal Name \_\_\_\_\_  
(Should be the same as on the IRS 501 (c ) (3) determination letters and Articles of Incorporation or other organizational document.)

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Web Address \_\_\_\_\_ Email \_\_\_\_\_

Project Director \_\_\_\_\_

In a 2-4 page narrative, please briefly answer the following questions:

1. What unmet or emerging need will this feasibility study explore?
2. How will your organization assess the existing local resources that address the issues identified in Question 1? How will your organization collaborate with these pre-existing programs?
3. How will your organization assess its commitment to this project? Does the organization have the needed infrastructure and the resources vital to the success of this effort?
4. How will your organization explore the issue of continuation funding for this project?
5. If your organization hopes to use consultants for the feasibility study, please describe why this decision was made. What expertise do the selected consultants have with the issue you will be exploring?

Please include a one-page line-item budget of proposed expenses.

### SIGNATURE OF AUTHORIZED PERSON

My signature certifies that the organization named above has tax exemption under Internal Revenue Service Code Section 501 (c ) (3) and is classified as "not a private foundation" as defined under Section 509 (a). My signature is made as one who is authorized to do so on behalf of the applying organization

\_\_\_\_\_  
Signature (Chair, Chief Executive Officer or Minister)

Title \_\_\_\_\_ Date \_\_\_\_\_