TOFFLER SCHOLAR GRANT APPLICATION
COVER SHEET

Date: _____

Name of Organization: _____

Contact Person: _____

Title: _____

Address: _____

City, State, Zip, Country: _____

Phone: _____

Email: _____ **Website:** _____

This organization is classified as a 501 C3 ( ) | Date Granted: _____

Project/Program Title: _____

Total Project/Program Budget: _____

Amount Requested: _____

Area of focus that matches the Trust's mission: _____

Please briefly explain how the grant will be used, and what objective or milestone you hope to achieve.

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TOFFLER SCHOLAR GRANT APPLICATION GUIDELINES LIST

Grant Applications to the Karen Toffler Charitable Trust must be submitted with the information outlined below in the order listed.

☐ **1) APPLICATION COVER SHEET**

2) NARRATIVE *(No more than 4 pages excluding the Staff and Board lists)*

☐   A. **Project/Program Description:** *(500 words max)*
       1. Explain the project/program in the context of the organization's mission and goals.
       2. Describe the problem or need for the project/program.
       3. Describe the objectives and the specific activities of the project/program.
       4. Describe the population you will be serving or impacting.
       5. Describe your outreach mechanisms. What criteria and/or process do you use to select the population(s) with whom you work?
       6. List any organizations you are partnering with for this project/program.

☐   B. **Evaluation Method:** *(300 words max)* Describe the evaluation or documentation method to be used to assess the impact of the project/program including a detailed description of the expected outcomes and metrics. Include a discussion about the project/program's risks and limitations.
       1. What are your evaluation goals?
       2. List your metrics and outcomes.

☐   C. **Program Design/Model:** *(300 words max)*
       1. What will you do? How will you do it?
       2. What will success of the project look like?
       3. What are your intended outcomes?
       4. What quantitative or qualitative changes do you expect?
         • How many people will the project/program reach?
         • What is the total number of hours of intervention or programming they will participate in, and over what period of time (when applicable)?

☐   D. **Timeframe:** Provide a timetable for implementing the project/program that lists major phases of the project with start and finish dates and overall expected completion.

☐   E. **Project/Program Staff:** Provide biographical paragraphs on key staff. Describe their roles and include a brief job description if you are requesting funds for additional staff.

3) BUGDETS

☐ A. **Project/program Budget:** Provide a detailed budget for the project/program.

☐ B. **Other Financial Support:** List the names of other sources of financial support for this project/program including amounts on hand and solicitations currently pending.

☐ C. **Sustainability:** *(500 words max)*
1. Explain what your plans are for this project/program if full funding for the project/program cannot be obtained.
2. Your plans to strengthen the organization's donor base and build reserve funds.
3. Provide a description of internal management controls that have been adopted to prevent deficits.
4. If you project a deficit, please outline your plans for addressing the shortfall.

4) ATTACHMENTS/SUPPLEMENTARY DOCUMENTS

☐ A. Organization's IRS Classification Status: A copy of the determination letter from the United States IRS verifying tax exemption status as defined by Section 501(c)(3) of the Internal Revenue Code.

ORGANIZATIONAL/PROJECT BUDGET

This format is <mark>optional</mark> and can serve as a guide to budgeting. If you already prepare an organization/project budget that contains this information, please feel free to submit it in its original form. If necessary, attach a budget narrative explaining your numbers.

INCOME

Source	Amount
Government grants	$
Foundations	$
Corporations	$
Other federated campaigns (i.e., United Way)	$
Individual contributions	$
Fundraising events and products	$
Membership income	$
In-kind support	$
Investment income	$
Contracts (i.e., government, etc.)	$
Earned income	$
Other (specify)	$
Total Income	**$**

EXPENSES

Item	Amount
Salaries and wages	$
Insurance, benefits and other related taxes	$
Consultants and professional fees	$
Travel	$
Equipment	$
Supplies	$
Printing and copying	$
Telephone	$
Postage and delivery	$
Rent and utilities	$
In-kind expenses	$
Depreciation	$
Staff Development	$
Other (specify)	$
Total Expense	**$**
Net (Income less Expense)	**$**