



WORKFORCE DEVELOPMENT GRANT APPLICATION

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Contact Person: _____

Title: _____

Direct phone line: _____

Email: _____

Current tax-exempt status of organization:

(Note: prior to final grant approval, evidence of tax exemption from the IRS may be requested.)

501 (c)(3) and 509(a)

Public School (school name): _____

Other (explain and include documentation): _____

Description of the organization:

Title of Project/Program: _____

Expected number of individuals benefiting from project/program: _____

Expected volunteer needs (include duties and/or duration of service needed):

Statement of specific request:

Total Project Budget: \$ _____ Total Grant Requested of HBCF: \$ _____

HBCF Recognition Received (signage, media event, etc.):



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Summary of program: (approximately 500 words or less)

Goals and objectives: (approximately 500 words or less)



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Measure of success: (approximately 500 words or less)

Project timeline:



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Budget/Financials: Please include/attach sources and amounts of other funding obtained, pledged or requested for this purpose, including the plans for fundraising the total cost of this project or program.

Budget/Financials: Please include/attach financial statements (balance sheet and income statement) for the current year and prior year. Please note if the financial statements are audited or unaudited.

Does the organization conduct regular financial audits?

No

Yes If so, how often? _____

After reviewing the initial grant application proposal, additional information may be requested by the Sioux Empire Home Builders Care Foundation.