

# 2024 Friends of Coleman County Foundation Grant Cycle

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*Community Foundation of Abilene*

## *Preliminary Information*

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### **Project Name\***

Use this space to title your funding request. For example, you may title this request "ABC Program Support" or if making a capital request, "To purchase (insert capital need)".

*Character Limit: 100*

### **Amount Requested\***

Please use whole numbers.

*Character Limit: 20*

### **Total Program Cost or Project Budget\***

List the total annual cost to carry out this program or project.

*Character Limit: 20*

### **Purpose of Organization\***

Please provide your mission statement and a brief introduction to your organization and what you do.

*Character Limit: 2500*

### **Program Service Area\***

Please choose the program area that best fits your organization. If you believe your organization falls into more than one category, please choose the one that best aligns with your organizational mission.

- Animal Services
- Children and Youth
- Community Development - includes Economic, Workforce Development, Environmental Causes, and Disaster Response
- Education
- Fine Arts and Culture
- Health and Mental Health
- Human and Social Services - includes Housing or Hunger Relief, Social Justice, and Services for Disabled, Senior Citizens, and Veterans.

### Choices

- Animal Services
- Children and Youth
- Community Development
- Education
- Fine Arts and Culture
- Health and Mental Health
- Human and Social Services

## Community Reach

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**What are the current needs, challenges, or problems that the proposed project will address?\***

*Character Limit: 750*

**How will funding from Friends of Coleman County be used to address and meet the needs/challenges?\***

*Character Limit: 750*

**Please provide the name of the communities in which you serve in Coleman County.\***

*Character Limit: 250*

**What are the target populations you serve?\***

Please describe the population you serve, including total number of clients served.

*Character Limit: 500*

**Is your organization collaborating with the community in support of this project?\***

Please include if you have secured additional funding partners.

*Character Limit: 500*

## Community Impact

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**If an unrestricted grant of \$5,000 was given, how would this further your organization's mission?\***

*Character Limit: 1500*

## Financials

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For the **Financials** section where uploads are needed. The following formats will be accepted.

- doc or docx (Microsoft Word)
- xls orxlsx (Microsoft Excel)
- pdf (Adobe)

Only one document can be uploaded per section. If you have separate documents for a specific section, please combine into one document and upload.

*For sections where a form template is provided, you will need to download the form, make changes and save a copy, then upload your new file.*

### Annual Operating Budget Amount\*

*Character Limit: 20*

### Annual Operating Budget\*

Please upload your organization's annual operating budget. If you do not have one, please complete and upload the attached [Annual Operating Budget Form](#).

***Note: You may change the line items listed on the Annual Operating Budget Form to better align with your organization's budget.***

*File Size Limit: 2 MB*

### Balance Sheet\*

Please upload a current Balance Sheet or Statement of Financial Position for your organization. This is not a P&L Statement.

If you do not have one please use the link to access an Excel format of the [Balance Sheet](#) and upload.

***Note: You may change the line items listed on the Balance Sheet Form to better align with your organization's assets and liabilities.***

*File Size Limit: 1 MB*

## *Bid Documentation for Capital Requests*

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### If your request includes capital needs, have you requested multiple bids?

Example of capital needs:

- Purchasing tangible assets such as furniture, equipment, technology, maintained fixed assets
- Capital Projects such as a renovation, remodeling, or construction of a new building.

Please note, proof of multiple bids may be requested.

### Choices

Yes

No

## *Organizational Information*

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### Governing Board Members\*

Upload a list of the organization's Board of Directors.

If available, include their professional, business, or community affiliations in addition to their position on the board.

*File Size Limit: 2 MB*

### IRS Determination Letter

**If you are a first time applicant, please attach your IRS 501c3 Determination Letter.** If you are not considered a charitable organization by the IRS, please upload one of the following:

- Fiscal Agent Letter
- W-9
- Articles of Incorporation

If you have a fiscal agent arrangement with a tax-exempt organization and do not have a fiscal agent letter, you may download and use our Fiscal Agent Form. It will need to be completed by all applicable parties and uploaded here.

If you have any questions regarding your charitable status, please reach out to Meagan Harris at [mharris@cfabilene.org](mailto:mharris@cfabilene.org)

*File Size Limit: 2 MB*