

Phil & Pat Willis Foundation Grant Application

Contact Information

Date of Application: _____

Tax ID: _____

Legal Name of Applying Organization: _____
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: _____

Address: _____

City: _____

State: _____

Zip: _____

Organization Website: _____

Executive Director/Organization President: _____

Title: _____

Phone Number: _____

Email: _____

Contact Person (if different): _____

Title: _____

Phone Number: _____

Email: _____

Proposal Request

Project Name: _____

Purpose of Grant: _____

Amount Requested: \$ _____

Total Project Cost: \$ _____

Will you accept partial funding? ☐ Y ☐ N

Is your organization a 501(c) 3? ☐ Y ☐ N

Geographic Area Served: _____

What is the time frame for the project? _____

Budget Format

Below is a listing of standard budget items. Please provide the project budget in this format and order.

A. Organization's fiscal year: _____

B. Time period this budget covers: _____

C. **Expenses:** Include the total amount for each of the following budget categories on this page. Include a budget narrative on a separate page that describes how the total amounts were calculated and provide supporting documents, i.e., bids, invoices, etc.

Title	Amount Requested	Total Project Expenses
Salaries:	_____	_____
Payroll Taxes:	_____	_____
Fringe Benefits:	_____	_____
Consultants/		
Professional Fees:	_____	_____
Insurance:	_____	_____
Travel:	_____	_____
Equipment:	_____	_____
Supplies:	_____	_____
Printing/Copying:	_____	_____
Phone/Fax:	_____	_____
Postage:	_____	_____
Rent:	_____	_____
Utilities:	_____	_____
Maintenance:	_____	_____
Marketing:	_____	_____
Other (specify):	_____	_____
Total Requested:	_____	Total Expenses: _____

D. **Revenue:** Include the total amount for each of the following budget categories on this page. Please indicate which sources of revenue are committed and which are pending.

	Committed	Pending
1. Grants/Contracts/Contributions		
Local government	\$ _____	\$ _____
State government	\$ _____	\$ _____
Federal government	\$ _____	\$ _____
Foundations	\$ _____	\$ _____
Corporations	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. In-kind support	\$ _____	\$ _____
3. Other (specify)	\$ _____	\$ _____
Total Revenue*	\$ _____	\$ _____

**Note: The total revenue from committed sources and pending sources must be equal to the projected budget for your project.*

Electronic Signatures

The typed names below represent your handwritten signature.

Chairperson, Board of Directors: _____ Date: _____

Executive Director: _____ Date: _____

Additional Items Required

Please Email the following to info@pwillisfoundation.org

1. Summary: In 500 words or less describe your request and purpose for funding. Include how the award would be a benefit to your organization and to the Jackson community. Please include any collaboration with other organizations.
2. Current Contact List for Board of Directors and Staff.
3. Current year's annual budget and comparison to actual if applicable.
4. Most recent annual audited or reviewed financial statements or form 990k.
5. Letter of 501(c) 3 designation.

Note: Incomplete applications will not be accepted.
