



John Gogian Family Foundation

ANNUAL GRANT APPLICATION

GENERAL INFORMATION

1. Date: _____ Tax ID #: _____ Website: _____
2. Organization's legal name: _____ Tel.: _____
3. Address: _____ City: _____ Zip: _____
4. Grant amount requested: _____ Fiscal year end date: _____
5. Population served: Abused & Neglected Youth Developmentally Disabled Vulnerable Seniors
6. Total number of staff: _____ Full-time: _____ Part-time: _____ Number of Volunteers: _____
7. Total number served (unduplicated): _____ Total annual organizational budget: _____

CONTACT INFORMATION

1. Exec. Dir.: _____ Email: _____ Tel.: _____
2. Board Chair: _____ Email: _____ Tel.: _____
3. Contact Name & Title _____
4. Contact Email _____ Tel.: _____

BOARD INFORMATION

1. Total number of board members: _____
2. Number of annual board meetings: _____
3. Average percentage of board members attending meetings: _____%
4. Percentage of board that financially contributes to the organization: _____%
5. Total amount given by the board in most recent fiscal year: _____

FINANCIAL INFORMATION

1. Principal Sources of Revenue:

Gov't Grants & Contracts	_____ %	Individual Donors	_____ %
Participant Fees	_____ %	Fundraising Events	_____ %
Investment Income	_____ %	Foundations/Corporations	_____ %
Other _____	_____ %		
2. Financial Data from IRS 990 Tax Return (for most recent year): 20____

Total Revenue	\$ _____	Notes on Liabilities (i.e., mortgage forgiveness in exchange for services)	
Total Expenses	\$ _____		
Net Assets/Fund Balance	\$ _____		
Total Liabilities	\$ _____		
Cash & Savings	\$ _____	Months of Cash Ratio	
Endowment Balance	\$ _____	_____ total cash = _____	
Investments/Securities	\$ _____	(total expenses/12)	

1. **New Funding Request Type:** **GOS** **Program** **Capital** **Amount**_____ **Request Title** _____

If the request is for GOS funding, list three organizational goals you seek to attain in the next 12 months. If the request is for program or capital funding, describe the program or project and goals.

2. **Current Programs and Services:** Please include activities, average daily attendance, location(s), and any fees.

Program 1 Unduplicated # Served Budget	Name & Description
Program 2 Unduplicated # Served Budget	Name & Description
Program 3 Unduplicated # Served Budget	Name & Description
Program 4 Unduplicated # Served Budget	Name & Description
Program 5 Unduplicated # Served Budget	Name & Description

6. Organizational Needs: Please describe organizational development needs, including how and whether they are currently being met. Include both **process needs**—communication, financial and strategic planning, fund development, marketing, technology, etc.—**and capital needs** for equipment, facilities, and technology.

7. Reference: List one foundation contact with knowledge of your organization.

FOUNDATION: _____ Tel.: _____

Contact Name & Title _____

Contact Email _____

8. Foundations: Please list your foundation funders from the past 24 months, including amounts.

9. Changes: Have there been any significant changes in organization leadership or finances in the past 12 months? If yes, please explain.

10. Time: Approximately how long (number of hours) did it take your staff to complete this submission?