**Grant Application**

Instructions: All applications for funding should be submitted in 12 point font, single-spaced with 1 inch margins. The application should consist of a cover letter, proposal narrative, and attachments.

1. **Cover Letter**
2. Provide a cover letter on your organization’s letterhead, signed by the board president or chairperson, that contains the following information:
3. The purpose of the request and the dollar amount requested.
4. How your organization’s proposal fits with the Wheels for Good mission and grantmaking interests.
5. The contact person’s name, title, daytime telephone number, E-mail address and fax number.
6. **Proposal Narrative (maximum of 6 pages)**

The following outline is a guide to the information to be provided in the request narrative.

**A. Organizational Background**

1. Provide one to two paragraphs that succinctly describes your organization’s background, including history, mission, and goals.
2. How does this proposed request relate to your organization’s mission, goals and/or strategic plan, and other planned activities?
3. Describe your organization’s current programs and activities, track record, related program or organizational accomplishments, accreditation, awards, or other strengths that enhance capacity or sustainability.
4. Describe your organization’s relationship with stakeholders, such as community residents, clients, staff, board members, or other constituents.

**B. Purpose of Request**

1. State the issue or need (reliable transportation, a specially equipped vehicle, vehicle maintenance education, car-related programming tailored to the clients/customers/students your organization serves) to be addressed. Describe the size and/or severity of the issue or need. Provide demographic and geographic information regarding the community or population who would benefit from or be served by your request.
2. Provide an overview of your organization’s current transportation program. Who does it serve? How do clients/customers access? Who manages the program? How is the program funded and what are the annual estimated costs? What is the current number of vehicles? Are they specially equipped?
3. Discuss the desired and/or anticipated results from partnering with Wheels for Good. Explain how this involvement will address the issue or need and support achievement of these results. Describe how the request will enable your organization to build its capacity, address current limitations, or improve its ability to meet program or organizational goals.
4. Describe your organization’s need or the need of your clients/customers for education or training in vehicle maintenance or other vehicle related subjects and your organization’s ability to work with Wheels for Good to coordinate and recruit an audience for these seminars, whether a single event or ongoing series. Who, what, and why?

**III. Attachments**

The following attachments are **required**:

**A. Finances**

1. Financial statements from the two most recently completed years, audited if available. Explain any significant changes in the budget (percent increase or decrease) that may have occurred during this time. Provide a copy of your organization’s most recent IRS Form 990 tax return if audited financials are not available.
2. Organization budget for current year, including income and expenses. You may supply your organization’s budget as currently prepared or use the format attached.
3. Program or capital campaign budget that includes income, expenses and pending sources of support. You may supply the budget as currently prepared plus pending support or use the format attached.
4. If applicable, provide a short narrative that explains anticipated sources of support, planned fundraising campaigns or events, significant changes in your organization’s operating budget, or other financial line items that may be unclear.
5. Describe your organization’s ability to raise the funds required to acquire a vehicle through a 50% fund match program by Wheels for Good. If applicable, describe the event(s) or campaign(s) your organization plans to implement as part of their fundraising efforts. Include a timeline for achieving your goal.

**B. Board of Directors**

1. Describe the organizational structure and board/staff responsibilities. List the names, qualifications, and number of years in their position for key staff and/or volunteers relevant to the current request.
2. Describe the board’s financial support of the organization (percent contributing and amount contributed) for the most recently completed fiscal year.
3. Describe the criteria for selecting board members.

**C. Other**

1. A copy of your organization’s current IRS determination letter (or the fiscal agent’s) indicating 501(c)(3) tax-exempt status.
2. A copy of your organization’s registration with the Charitable Organization Division of the Office of the Secretary of State for the State of Maryland, or indicate the reason for exemption.
3. Copy of your organization’s most recent annual report (if available).

**D. Optional**: Letters of support, recent newspaper/magazine articles.

Submit completed applications to Deb Feinberg by email at dfeinberg@mileone.com or by mail to

Wheels for Good, 1 Olympic Place, Suite 1200, Towson, MD 21204

Program/Project Budget—Current Request

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, you may submit them in their original forms. Attach a narrative explaining the budget, if necessary.

###  FISCAL YEAR: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

### Program/Project Income

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** |  | **Amount Committed** | **Amount Pending\***Sources of support currently under consideration with anticipated decision date. |
| **Support** |  |  |  |
| Government grants |  | $ |  |
| Foundations |  | $ |  |
| Corporations |  | $ |  |
| United Way or federated campaigns |  | $ |  |
| Individual contributions |  | $ |  |
| Fundraising events and products |  | $ |  |
| Membership income |  | $ |  |
| In-kind support |  | $ |  |
| Investment income  |  | $ |  |
|  |  |  |  |
| **Revenue** |  |  |  |
| Government contracts |  | $ |  |
| Earned income |  | $ |  |
| Other (specify): |  | $ |  |
| a) |  | $ |  |
| b) |  | $ |  |
| c) |  |  |  |
| **Total Income** |  | **$** |  |

### Program/Project Expenses

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** |  | **Amount** | **%FT/PT** |
| Salaries and wages (break down by individual position and indicate full- or part-time.) |  | $ |  |
| a) |  | $ |  |
| b) |  | $ |  |
| c) |  | $ |  |
| **SUBTOTAL** |  | $ |  |
| Insurance, benefits and other related taxes |  | $ |  |
| Consultants and professional fees |  | $ |  |
| Travel |  | $ |  |
| Equipment |  | $ |  |
| Supplies |  | $ |  |
| Printing and copying |  | $ |  |
| Telephone and fax |  | $ |  |
| Postage and delivery |  | $ |  |
| Rent and utilities |  | $ |  |
| In-kind expenses |  | $ |  |
| Depreciation |  | $ |  |
| Other (specify) |  | $ |  |
| Total Expenses |  | $ |  |
| **Difference (Income less expenses)** |  | $ |  |

**Organization Budget**

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, you may submit it in its original forms. Attach a narrative explaining the budget, if necessary.

###  FISCAL YEAR: \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_

### Organization Income

|  |  |  |
| --- | --- | --- |
| **Source** |  | **Amount** |
| **Support** |  |  |
| Government grants |  | $ |
| Foundations |  | $ |
| Corporations |  | $ |
| United Way or other federated campaigns |  | $ |
| Individual contributions |  | $ |
| Fundraising events and products |  | $ |
| Membership income |  | $ |
| In-kind support |  | $ |
| Investment income |  | $ |
|  |  |  |
| **Revenue** |  |  |
| Government contracts |  | $ |
| Earned income |  | $ |
| Other (specify) |  | $ |
| a) |  | $ |
| b) |  | $ |
| c) |  | $ |
| **Total Income** |  | $ |

### Organization Expenses

|  |  |  |
| --- | --- | --- |
| **Item** |  | **Amount** |
| Salaries, wages and benefits |  | $ |
| Insurance and/or other taxes |  | $ |
| Consultants and professional fees |  | $ |
| Travel |  | $ |

|  |  |  |
| --- | --- | --- |
| Equipment |  | $ |
| Supplies |  | $ |
| Printing and copying |  | $ |
| Telephone and fax |  | $ |
| Postage and delivery |  | $ |
| Rent and utilities |  | $ |
| In-kind expenses |  | $ |
| Depreciation |  | $ |
| Other (specify) |  | $ |
| a) |  | $ |
| b) |  | $ |
| c) |  | $ |
| Total Expense |  | $ |
| **Difference (Income less expenses)** |  | $ |