

**THE WOOD-CLAEYSSENS FOUNDATION**

P.O. Box 30586 - Santa Barbara, CA 93130-0586

Telephone: (805) 966-0543 - Fax: (805) 966-1415 - E-mail: [wcf0543@gmail.com](mailto:wcf0543@gmail.com)

This box for office use only  
2010 - 2011 GRANT CYCLE  
Organization # \_\_\_\_\_

Financial Data Checked       IRS Letter   
Input into Computer       FTB Letter   
Board of Directors List       Check Address

**A P P L I C A T I O N      F O R      G R A N T**

No Duplicate Copies Required

First Time Application

**DEADLINE FOR SUBMITTING THE GRANT APPLICATION IS A POSTMARK DATE OF June 30<sup>th</sup>**, including all required documentation. The annual grant meeting is held in the fall of each year. **YOU MUST RE-APPLY YEARLY** to qualify. Updates and changes to the application are accepted if received prior to the June 30. Please call the office if you have any questions.

Organization Name: \_\_\_\_\_ Established: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_ Ph.Ext: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Physical Location: \_\_\_\_\_

Project title and/or "need" for funds requested: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_ Total number served yearly: \_\_\_\_\_ and/or monthly: \_\_\_\_\_

Total number of employees: Full-Time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Volunteers: \_\_\_\_\_

Are you affiliated with any other organization? Yes  No  If "Yes", please list: \_\_\_\_\_

**Required, 100 words or less summary of Grant Proposal** (full details of grant proposal may be attached to application:  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION:** (Page (pg), Line (Ln) & (Col) # Refers to Current Form 990; not 990EZ)      Year Ending: \_\_\_\_\_

*Please note: If you are a local chapter of a larger organization, when reporting financial information, report local amounts only. Do not use a consolidated Financial Statement and/or a consolidated Form 990.*

Revenue (Pg1, Ln12CurrentYearCol) \$ \_\_\_\_\_ Expenses (Pg1, Ln18CurrentYearCol) \$ \_\_\_\_\_

Loan/Note Payable (Pg11, Lns23-24ColB) \$ \_\_\_\_\_

Program Costs (Pg10, Ln25ColB) \$ \_\_\_\_\_ Loan/Note for What? \_\_\_\_\_

Administrative Costs (Pg10, Lns5-10ColC) \$ \_\_\_\_\_ Total Wages & Payroll Taxes (Pg10, Lns5-10ColA) \$ \_\_\_\_\_  
% of Programs to Revenue:      % of Administration to Revenue:      % of Wages/Payroll to Revenue:

Complete Only if Submitting a 990 EZ: Workers Comp Ins: \_\_\_\_\_ Benefits (Retirement & Health Ins.): \_\_\_\_\_

Is Your Facility Owned:  Leased  Monthly Payment \$ \_\_\_\_\_ Rent Forgiven  How Much \$ \_\_\_\_\_

**SUBMIT ANNUALLY**

**D O C U M E N T A T I O N**

**Check list**

*Please note: If you are a local chapter of a larger organization, when submitting financial information, report local amounts only. **Do not** use a consolidated Financial Statement and/or a consolidated Form 990.*

- 1. A letter of request
- 2. A current list of the Board of Directors.  Year: \_\_\_\_\_
- 3. A copy of current year Organization budget.  Year: \_\_\_\_\_ (If available, also budget for specific program request)
- 4. A copy of the prior year Balance Sheet and Profit/Loss Statement.  Year: \_\_\_\_\_ (No consolidated forms)
- 5. A complete copy of your organization's most current Form 990.  Year: \_\_\_\_\_ (No consolidated forms)
- 6. List out prior year grants received, from whom and for how much. Also include a "*grant-total*" amount for revenue received through 1) private donations and 2) State/Federal/Local government funding.  Year: \_\_\_\_\_
- 7. List any political activities within the last 12 months: \_\_\_\_\_  
No Political Activities
- 8. A list of individual people served (including how many not duplicated) within the last 12 months, taking into consideration Federal law and policy of confidentiality; if applicable, please include a list of organizations and /or institutions served. Demographic studies are also accepted.  
Attached  Confidential  Demographic study  Not Applicable
- 9. If applicable, name, address & phone of national headquarters. Are you required to give a percentage of your intake (grant) to the national headquarters? No  Yes  If yes, how much? \_\_\_\_\_ Not Applicable
- 10. The Internal Revenue Service determination letter that classifies your organization as one that is tax exempt from taxation under IRS Code Section 501 (c) (3). This same letter should also state that your organization is not a private foundation.
- 11. A copy of the letter from the California Franchise Tax Board stating that the organization is exempt from the state franchise and income tax under California Revenue and Taxation Code Section 23701d.

I, \_\_\_\_\_, an officer of the above named corporation do hereby state that our exempt status under Section 501 (c) (3), and our non-private foundation status, currently remains in effect under the Federal I.D. #: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I do hereby certify that the information reported in this application form is complete and accurate.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_