



Grant Application Form

Date: _____

Name of Organization: _____

Contact Person: _____

Address _____

Phone Number _____

E-mail Address _____

Grant Purpose:

Operational Funding (Ex: Program or Organizational costs associated with staffing, rent, insurance, utilities, supplies, etc.)

Capacity Building (Ex: Costs associated with improving organizational infrastructure such as leadership development, technology, financial sustainability, etc.)

Program/Project Funding (Ex: Costs associated with implementation or delivery of a specific program or project.)

Title of Project/Program: _____

Other: (Please describe) _____

Amount Requested: _____

DIRECTIONS: Please complete this application form and submit via e-mail to:

info@jonesfamilyfoundation.org

If this is the first time you have requested funding from the Jones Family Foundation, please attach verification of your organization's 501(C)(3) status and financial statement from the most recent year end.

Please direct all questions to:

Rachelle Cobb
Jones Family Foundation
31021 Lakeview Avenue
Red Wing, MN 55066
Phone: 651-388-7941
E-mail: rachelle@jonesfamilyfoundation.org.

I. Please describe in some detail the nature of your request.

II. What are the goals and objectives of your organization or program? What do you hope to accomplish?

III. How many individuals will be impacted by your organization or program?

IV. What evaluation measures do you have in place, or intend to have in place, to assess your organization's or program's effectiveness?

V. Have you requested financial support from other funding sources? If yes, list other sources and amount requested.

VI. Fiscal: Please detail all revenue and expenses associated with this project as well as revenue and expense statements for your organization for the past two years.

VII. Other comments.

Thank you for your grant request to The Jones Family Foundation.