**Grant Application Form 2023**

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Organization Name**\***

Limit: 300 characters

Employer ID Number (EIN)

*-*

Address Question**\***

Country

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Website

**Contact Information**

Name of Primary Contact**\***

First Name

Last Name

Whom at your organization will be the primary contact with the Beveridge Family Foundation? It is most often the name of the person submitting the application.

Title

Email Address**\***

Phone

**Project Information**

**Application for Funding**

The Beveridge Family Foundation, Inc. imposes the following limitations on the maximum grant amount you may request. The lesser of:

* 25% of Contributions and grants
* 20% of the PROJECT Budget
* $50,000

You must fill out the entire application before it will be submitted for review. Your application is **saved and placed on Hold** after each step, and you may return at a later date to finish your application.

Grant Amount To Be Requested**\***

$      USD

Project Budget**\***

$      USD

(Not Agency Annual Total Budget)

Name of the Program of Activity to be Funded**\***

**Step 2 of 5 - About the Program and Funding Needs**

Please give a brief description of the program or activity to be funded**\***

Limit: 500 characters

Summarize how the grant funding from the Beveridge Family Foundation will be used**\***

Limit: 280 characters

List the objectives and how results will be measured by the program or activity

Objective 1.**\***

Objective 2.**\***

Objective 3.**\***

Objective 4.**\***

Summarize the need for this program or activity**\***

Limit: 280 characters

Summarize the action plan to address the need**\***

Limit: 280 characters

Summarize the current status of the project/activity**\***

Limit: 280 characters

**Step 3 of 5 - Project Timeline, Other Funding Sources, and Similar Projects**

**List the major steps and timetable for the project/activity**

Major Step 1**\***

Step 1 Start**\***

Step 1 End

Major Step 2**\***

Step 2 Start**\***

Step 2 End

Major Step 3**\***

Step 3 Start**\***

Step 3 End

Major Step 4**\***

Step 4 Start**\***

Step 4 End

**List other major funding sources sought for this project, and results to date**

Funding Source 1**\***

Funding Source 1 Results to Date**\***

(funded, pending, denied)

Funding Source 2**\***

Funding Source 2 Results to Date**\***

(funded, pending, denied)

Funding Source 3**\***

Funding Source 3 Results to Date**\***

(funded, pending, denied)

Funding Source 4**\***

Funding Source 4 Results to Date**\***

(funded, pending, denied)

**List other agencies with similar project/programs in your region**

Similar Agency 1**\***

Similar Agency 1 - City Where Located**\***

Similar Agency 1 - Comments**\***

Similar Agency 2**\***

Similar Agency 2 - City Where Located**\***

Similar Agency 2- Comments**\***

Similar Agency 3**\***

Similar Agency 3- City Where Located**\***

Similar Agency 3 - Comments**\***

Similar Agency 4**\***

Similar Agency 4 - City Where Located**\***

Similar Agency 4 - Comments**\***

**Step 4 of 5 - Impact and Capacity**

How is this program/activity essential to your organization(s)?**\***

Limit: 280 characters

What is the impact on youth and/or people in distressed circumstances?**\***

Limit: 280 characters

How does this activity build capacity of organizations meeting that need?**\***

Limit: 280 characters

**Step 5 of 5 - Collaboration and the Future**

How does this activity or the Beveridge Foundation funding promote collaboration among organizations addressing that need?**\***

Limit: 280 characters

How will this activity be sustainable after the Beveridge Foundation grant ends?**\***

Limit: 280 characters

How will the Beveridge Family Foundation funding leverage more and/or future funding?**\***

Limit: 280 characters

How is your organization especially valuable to the community it serves?**\***

Limit: 280 characters

**Submit for Review**

Your application is ready to submit for review. Once you click the "**Apply**" button your application will be reviewed by the Foundation directors. A determination will be made as to whether or not your application has been accepted. If your application is rejected, you are free to submit applications in future funding cycles. If your application is accepted, you will be asked to submit supporting documentation on this website and be contacted if necessary to schedule a site visit. Accepted applications will be discussed at the next Board Meeting in April or October. Final determination will be announced following the meetings. All announcements will be made via email to the address entered in your application.

**Important Information**

* Your application will **NOT** be reviewed until you click the "**Apply**" button.
* If you are not ready to submit your completed application, you may return at a later date to complete the application process. To access your saved application visit the ["](https://dev.beveridge.org/Applicants/MyDocuments.aspx)My Submissions" in the drop down at the upper right corner of the page. Select the "Saved Drafts" to see your applications not yet submitted.
* Once you click the "**Apply**" button, you will **NOT** be able to return and edit your application.
* If this is your first time creating an application, your password will be sent via email.

**Thank you for applying to the Grant Application Form.**

**You should expect to hear from us within 10 days after the application deadline at the email address used in this application.**

Bottom of Form

Drafts may be visible to the administrators of this program.