



246 East Main Street, Suite #101 Galesburg, IL 61401 309-344-8898

The Turnout Grant Cycle

Application Questions:

Organizational Information: *These questions will pre-fill based on information already held by GCF and/or listed in the Organizational Snapshot. Answers may be edited/changed on the application. All questions below are fill in or drop down selection.*

- What is the mission of your organization?

Proposal Overview:

- Proposal Title:
- Please provide a detailed description of your proposal including who will be served, what is the need, and what are your goals for success.
- Provide a timeline for when funds will be used:
- Total Proposal Cost:
- Amount Requested:
- Which of the following GCF priority areas does your program target? Please choose one of the following: Education & Workforce Development, Health & Human Service, Art/Culture & Community Enhancement, Nonprofit Capacity, Sustainability, & Reinvention (DROP DOWN TOGGLE)
- What are you measuring to know the effectiveness of your work?
- What data do you use to understand the need of your work?
- Do you collaborate with other organizations for you work, and if so, how?
- What percentage of the following makes an annual contribution to your organization?
Board of Directors:
Staff:
Individual Donors:
Volunteers:
- Please submit a 1–2-minute video presentation of your proposal.

Supplemental Requirements: *These items will need to be uploaded to your application*

- **IRS Determination Letter** (For first time applicants or new organizations ONLY)
- **990 or most recent financial statement**
- **Budget** – If you are applying for general operating dollars, please upload your current budget. If you are applying for capacity or program dollars, please complete the form provided, save and upload.



CAPACITY AND PROGRAM PROPOSAL BUDGET FORM

Organization: _____

Proposal: _____

****This form is to be used for capacity or program proposals ONLY.
For general operating proposals, please upload your own operational budget document.**

| Revenue | | Capacity Budget | Program Budget |
|-------------------------------------|---|-----------------|----------------|
| 1) | Contributions & Grants | | |
| 2) | Program Service Revenue | | |
| 3) | United Way or other federated campaigns | | |
| 4) | Investment Income | | |
| 5) | Other Revenue (itemize below): | | |
| | a) | | |
| | b) | | |
| | c) | | |
| Total Revenue: | | | |
| | | | |
| Expenses | | | |
| 6) | Benefits paid to or for Members | | |
| 7) | Salaries, other compensation, employee benefits | | |
| 8) | Fundraising Expenses | | |
| 9) | Other Expenses (itemize below): | | |
| | a) | | |
| | b) | | |
| | c) | | |
| Total Expenses: | | | |
| | | | |
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| TOTAL REVENUE LESS EXPENSES: | | | |