



A BACKGROUND INFORMATION

Date Submitted _____

Organization Name _____ Date of Incorporation _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Month of Organization's Fiscal Year-end _____ Federal Employer ID # _____

Name of Fiscal Agent, if different than Organization Name _____

Does your organization have an IRS Determination Letter as a 501(c)(3) or equivalent nonprofit, tax exempt entity? If **YES**, please attach to this application. If **NO**, you are ineligible to receive support from the Hull Family Foundation. Please do not apply.

Contact Person familiar with the details of this request _____

Name & Title _____

Phone _____ Fax _____ Email _____

Amount Requested \$ _____

_____ Single Year? _____ Multi-Year Commitment?

If a multi-year grant is requested, please indicate:

The annual payment amount \$ _____

The dates over which the grant will be payable: From _____ Through _____

_____ General Operating or

_____ Program/Project - Title _____

Program Category best describing this Request:

_____ Civic and Community _____ Arts & Culture

_____ Education for Change _____ Health and Human Services

_____ Social Justice _____ Sustainable Ecosystems

Geographic Area Served by this Request:

_____ Chicago _____ Bay Area _____ Washington DC _____ Other (please identify) _____

Group(s) served by this Request:

_____ **All or** check one or more of the following, only if they describe more than 50% of those who will be served under the proposed grant

_____ % Females _____ % Males _____ % Mentally Disabled _____ % Physically Disabled

_____ % Youth _____ % Elderly _____ % Economically Disadvantaged _____ % G/L/T

_____ % Minorities - please list _____

1. Describe your organization's mission:

2. Describe your organization's history and recent accomplishments:

3. Describe the geographic area your agency serves:

4. Describe the clients or audiences your agency serves and the current number of dues paying members, if any:

Number of Paid Full Time Staff _____ Paid Part Time Staff _____ Volunteers _____

B REQUEST

Requested Amount \$ _____ Requested Support _____ General Operating (*skip to item B 5*)
_____ Project/Program (*complete items B 1 - 4*)

Proposed Start Date _____ and End Date _____

1. Describe the project/program for which support is requested and the number to be served:

2. Describe the need for the project/program and the outcomes to be achieved:

3. Describe how this project/program advances your group's mission:

4. Describe how, when, and by whom this project/program will be evaluated and the performance benchmarks and outcomes to be used in determining effectiveness or success:

5. Have you previously received support from The Hull Family Foundation? Yes No
If YES, please provide details:

6. Is this a request for renewed support? Yes No
If YES, and a Report or Evaluation was required in the Grant Transmittal Letter, please attach it to this Application, if not previously provided.

7. Describe how the outcomes of this project will be publicized or communicated:

C BUDGET

1. a. Annual Operating Budget \$ _____ Expenses \$ _____ Revenues \$ _____
(for the fiscal period of the proposed grant)
- b. Total Program/Project Budget \$ _____
(not required for General Operating Requests)
2. Fundraising Costs as a percentage of Annual Operating Budget: _____ %
Administrative Costs as a percentage of Annual Operating Budget: _____ %
Unit Cost or Cost Per Individual to provide the proposed program/ services \$ _____ per person
3. Does your organization receive support of any type from the United Way or other federated fund(s)? Yes No If **YES**, please describe:

4. List any additional sources of support which have been committed to cover the balance of the proposed project/program or annual operating budget:

5. Is your organization carrying a Cumulative Deficit? Yes No If **YES**, please describe:

6. In the last 12 months, did your organization incur an Operating Deficit? Yes No
If **YES**, please explain:

If there is a Board approved plan to eliminate the deficit, please describe:

D ATTACHMENTS

Incomplete Applications will not be reviewed or acknowledged. Use this checklist to confirm that each item has been attached.

- IRS 501 (c)(3) Determination Letter
 - List of Board Members & Officers with affiliations and amounts contributed to your group
 - List of Principal Staff
 - Latest Annual Report
 - Latest Financial Statement - preferably Audited
 - List of Principal Sources of Income
 - Projected annual budgets of income and expense for the period in which support is sought,
 - for your nonprofit organization
 - for the Program/Project for which support is requested
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Mail one copy of the completed original Application Form and Attachments to:

Hull Family Foundation
141 W. Jackson Blvd # 340
Chicago IL 60604