

# GRANT APPLICATION FORM



## Sarva Mangal Family Trust

To: **Non-Profit Organizations in USA**

Established in 1994 by Mr. & Mrs. Manu and Rika Shah, the mission of the Sarva Mangal Family Trust is to improve and strengthen the education, health, wellness, and livelihood of communities around the globe. Sarva Mangal is a Sanskrit word that means “Goodness to All”.

To advance this mission, the Sarva Mangal Family Trust has donated to and continues to work with various organizations and programs in health promotion and prevention, domestic violence, senior empowerment, entrepreneurship, job skills training, technological literacy, community activism, and children’s education.

The Trust would like to expand its partnership with individuals and organizations that work directly with local communities and further the Trust’s mission. If you are interested in a grant from the Sarva Mangal Family Trust, please fill out the following form.

We look forward to hearing from you – **Apply only recognized IRS 501(c)(3) not-for-profit**

# GRANT APPLICATION COVER SHEET

Date of application: \_\_\_\_\_

## ORGANIZATION INFORMATION

Name of organization

Legal name, if different

Address

City, State, Zip

Employer Identification Number (EIN)

Phone

Fax

Web site

Name of contact person regarding this application

Title

Phone

E-mail

Is your organization an IRS 501(c)(3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, is your organization a public agency/unit of government? \_\_\_\_\_ Yes \_\_\_\_\_ No

## PROPOSAL INFORMATION

Please give a 2-3 sentence summary of request:

Population served:

Geographic area served:

Funds are being requested for (check one)

\_\_\_\_\_ General operating support

\_\_\_\_\_ Start-up costs

\_\_\_\_\_ Capital

\_\_\_\_\_ Project/program support

\_\_\_\_\_ Technical assistance

\_\_\_\_\_ Other (list) \_\_\_\_\_

Project dates (if applicable): \_\_\_\_\_

Fiscal year end: \_\_\_\_\_

## BUDGET

Dollar amount requested:

\$ \_\_\_\_\_

Total annual organization budget:

\$ \_\_\_\_\_

Total project budget (for support other than general operating):

\$ \_\_\_\_\_

## AUTHORIZATION

Name and title of top paid staff or board chair: \_\_\_\_\_

Signature \_\_\_\_\_

## **PROPOSAL NARRATIVE**

Please provide the following information

### **I. ORGANIZATION INFORMATION**

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.

### **II. PURPOSE OF GRANT**

*General operating proposals:* Complete Section A below and move to Part III - Evaluation.

*All other proposal types:* Complete Section B below and move to Part III - Evaluation.

#### **A. General Operating Proposals**

- 1. The opportunity, challenges, issues or need currently facing your organization.
- 2. Overall goal(s) of the organization for the funding period.
- 3. Objectives or ways in which you will meet the goal(s).
- 4. Activities and who will carry out these activities.
- 5. Time frame in which this will take place.
- 6. Long-term funding strategies.
- 7. Additional information regarding general operating proposals required by each individual funder.

#### **B. All Other Proposal Types**

- 1. Situation
  - a. The opportunity, challenges, issues or need and the community that your proposal addresses.
  - b. How that focus was determined and who was involved in that decision-making process.
- 2. Activities
  - a. Overall goal(s) regarding the situation described above.
  - b. Objectives or ways in which you will meet the goal(s).
  - c. Specific activities for which you seek funding.
  - d. Who will carry out those activities.
  - e. Time frame in which this will take place.
  - f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
  - g. Long-term funding strategies (if applicable) for sustaining this effort.

### **III. EVALUATION**

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

## REQUIRED ATTACHMENTS

### 1. Finances

- Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. Some funders require your most recent Form 990 tax return.
  - Organization budget for current year, including income and expenses.
  - Project Budget, including income and expenses (if not a general operating proposal).
  - Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.
2. List of board members and their affiliations.
  3. Brief description of key staff, including qualifications relevant to the specific request.
  4. A copy of your current IRS determination letter indicating tax-exempt 501(c)(3) status.

**ORGANIZATION BUDGET**

Please fill out to the best of your abilities.

**INCOME**

<b><u>Source</u></b>	<b><u>Amount</u></b>
<i>Support</i>	
Government grants _____	\$ _____
Foundations _____	\$ _____
Corporations _____	\$ _____
United Way or other federated campaigns _____	\$ _____
Individual contributions _____	\$ _____
Fundraising events and products _____	\$ _____
Membership income _____	\$ _____
In-kind support _____	\$ _____
Investment income _____	\$ _____
 <i>Revenue</i>	
Government contracts _____	\$ _____
Earned income _____	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

**EXPENSES**

<b><u>Item</u></b>	<b><u>Amount</u></b>
Salaries and wages _____	\$ _____
Insurance, benefits and other related taxes _____	\$ _____
Consultants and professional fees _____	\$ _____
Travel _____	\$ _____
Equipment _____	\$ _____
Supplies _____	\$ _____
Printing and copying _____	\$ _____
Telephone and fax _____	\$ _____
Postage and delivery _____	\$ _____
Rent and utilities _____	\$ _____
In-kind expenses _____	\$ _____
Depreciation _____	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Expense</b>	<b>\$ _____</b>
<b>Difference (Income less Expense)</b>	<b>\$ _____</b>

**PROJECT BUDGET**

Please fill out to the best of your abilities.

**INCOME**

<b><u>Source</u></b>	<b><u>Amount</u></b>
<i>Support</i>	
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
<i>Revenue</i>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
	\$
<b>Total Income</b>	<b>\$</b>

**EXPENSES**

<b><u>Item</u></b>	<b><u>Amount</u></b>	<b><u>%FT/PT</u></b>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
	\$	
<b>SUBTOTAL</b>	<b>\$</b>	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Other (specify)	\$	
	\$	
<b>Total Expense</b>	<b>\$</b>	
<b>Difference (Income less Expense)</b>	<b>\$</b>	

## PROPOSAL CHECKLIST

- Cover letter
- Cover sheet
- Proposal narrative
- Organization budget
- Project budget (if not general operating grant)
- Financial statements, preferably audited, showing actual expenses including:
  - Balance sheet
  - Statement of activities (income and expenses)
  - Statement of functional expenses
- List of additional funders
- List of board members and their affiliations
- Brief description of key staff
- IRS determination letter

**Please send completed application to:**

[contact@sarvamangalfamilytrust.com](mailto:contact@sarvamangalfamilytrust.com)

or

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