

ORGANIZATION INFORMATION

1. For which Focus Area are you applying?
2. Nonprofit Organization
3. Website
4. Organization Address
5. Pennsylvania county in which the organization is located
6. Year Founded
7. Tax ID Number
8. Name and address of organization granted IRS tax-exempt status under section 501(c)(3) *Note that applicants must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code, independent of a financial sponsor. A local chapter, member, or affiliate of a larger organization may apply under the national organization's 501(c)(3).*
9. If your organization is a local chapter of a national organization, what is the name of the national organization?
10. Organization Structure [#board members, #FTE, #PTE, #volunteers]
11. Percentage of board members who contributed financially to organization in the last 12 months
12. Does the 501(c)(3) organization have A) 3 years (36 months) of independently prepared (audit or review) financial statements, B) 2 years (24 months) of Form 990 tax returns, and C) a current year-to-date income statement? *These documents will be required if the applicant is invited to submit a Full Proposal.*
13. If Impact100's \$100,000 grant is received, will the funds be expended within 24 months? *This is the maximum grant period for the \$100,000 grant.*
14. Organization's Fiscal Year End (mm/dd)
15. Provide the BUDGETED TOTALS for your CURRENT fiscal year. (If you are a chapter of a national organization, please enter local data, not national.)

TOTAL REVENUES	TOTAL EXPENSES	
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16. Provide ACTUAL RESULTS for your LAST completed fiscal year. *Note that NET ASSETS are not Net Income. Net Assets are listed on the balance sheet and on line 22 of Form 990.* (If you are a chapter of a national organization, please enter local data, not national.)

TOTAL REVENUES	TOTAL EXPENSES	NET ASSETS
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17. Provide ACTUAL RESULTS for your SECOND TO LAST completed fiscal year. *Note that NET ASSETS are not Net Income. Net Assets are listed on the balance sheet and on line 22 of Form 990.* (If you are a chapter of a national organization, please enter local data, not national.)

TOTAL REVENUES TOTAL EXPENSES NET ASSETS

18. List the top 5 funding sources for the last completed fiscal year. Include the name of funder, amount, and purpose for each. Indicate details for any multi-year grants, including fiscal year awarded, the total amount of the grant, and the grant period.

19. Litigation/Liability: Is there any litigation pending or threatened against your organization? A recent judgement? Please provide details.

20. Do you carry G/L insurance? If so, what are your coverage limits?

21. Do you carry D&O insurance? If so, what are your coverage limits?

22. Primary contact person for proposal

23. Financial contact person for proposal

24. Executive Director *By typing my name and the date below, I certify that I am the Executive Director of the applicant organization and that I have reviewed the information in this application, and it is accurate and complete.*

25. Title

26. Today's Date

NARRATIVE RESPONSE

1. What is your organization's mission? What problem or need do you seek to address? (max 1,200 characters)
2. Give a brief history of your organization, including successes. (max 1,500 characters)
3. Describe your primary programs and target population(s). Include number of people served and counties where services are delivered. Indicate how/why your constituents are under-served. (max 2,000 characters)
4. Briefly describe your organization's long-term vision and goals. (max 1,000 characters)
5. How do you intend to expend the \$100,000 grant? Provide a brief list of major budget items. Briefly, why do you propose these particular expenditures? (max 1,000 characters)
6. Why are you applying now? Why is this juncture the time when \$100,000 would have an especially significant impact for your organization? (max 1,200 characters)

ATTACHMENTS

IRS 503(c)(3) Determination Letter