The Common Grant Application (CGA) Form was developed to facilitate the application process for grantmakers and grantseekers. A companion CGA User Guide is available on the Gateway Center for Giving website ([www.centerforgiving.org](http://www.centerforgiving.org)).

**To the Grantmaker:** If you are interested in using the CGA for your foundation’s grant application, please feel free to download this template, modify it to suit your needs, and host it on your organization’s website. You may wish to insert instructions about word or character limits. Please contact [info@centerforgiving.org](mailto:info@centerforgiving.org) to let us know that you will be using a version of the CGA so that we can share important updates in the future.

**To the Grantseeker:** Grantmakers who accept the CGA will host this form on their respective websites; some grantmakers may have modified versions of the CGA. Please keep in mind that every grantmaker has different guidelines and priorities, as well as different deadlines and timetables. Any funder that has agreed to accept this form may request additional information at any stage in the proposal process.

Gateway Center for Giving is not currently maintaining a list of Members that utilize the CGA, however a complete list of our members can be found at [www.centerforgiving.org/directory](http://www.centerforgiving.org/directory).

**Guidelines:**

* Applicants should perform their own research to determine the foundations and corporations that make grants to your type of organization, in the geographic area in which you function, and for your field of interest.
* Visit the grantmaker’s website to obtain a copy of funding guidelines from each individual grantmaker for each application you plan to submit. Each grantmaker has different guidelines for using this form and requires different attachments. Determine how the application should be submitted and the number of copies required.
* Do not submit handwritten proposals.
* Answer all the questions unless otherwise instructed by the grantmaker.
* Do not include any materials other than those specifically requested.
* Check with the individual grantmaker to find out how they would like this form to be submitted.

**Access the CGA User Guide for the following information:**

* Background on the Common Grant Application
* Frequently Asked Questions
* Glossary of Terms
* Proposal Writing Tips
* Guide to each question asked in this application, including examples on how to best answer each question

**Resources:**

* St. Louis Public Libraries' [Grants & Foundation Center](https://www.slpl.org/author/grantsfoundationcenter/) is a collection of resources for nonprofits, with materials that address nonprofit formation, board building, and development, including how to seek out and apply for grants.
  + Located on the second floor of St. Louis Public Library - Central Library (1301 Olive St, St. Louis, MO 63103)
  + Some resources can be accessed online. For more information, visit: <https://www.slpl.org/blogs/post/gfc-online-nonprofit-resources/>
  + **Questions?** Call the Central Library at 314 539-0357 or email Lisa Thorp at [lthorp@slpl.org](mailto:lthorp@slpl.org).
* Grant Space by Candid: [Introduction to Proposal Writing](https://grantspace.org/training/introduction-to-proposal-writing/) – free self-paced learning course
* Gateway Center for Giving – [Nonprofit Resources](https://www.centerforgiving.org/nonprofitresources) page

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| **Common Grant Application Cover Sheet** | | | | | | |
| Grantmaker to whom this application is submitted: |  | | | | | |
| Application date: |  | | | | | |
| Organization’s legal name: (as shown on IRS Letter of Determination) |  | | | | | |
| Doing business as: (if different from legal name) |  | | | | | |
| EIN #: |  | | | | | |
| Address: |  | | | | | |
| City: |  | State: |  | | ZIP code: |  |
| Org. Telephone #: |  | Org. Fax #: | |  | | |
| Org. Website: |  | Org. Email Address: | |  | | |
| Executive Director:  (or top executive) | (Please include prefix and title) | Phone #: | |  | | |
| Email address: | |  | | |
| Main contact(s) for this proposal: | (Please include prefix and title) | Phone #: | |  | | |
| Email address: | |  | | |
| Board President: |  | Phone #: | |  | | |
| Email address: | |  | | |

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| Organization’s tax exempt status/IRS designation (e.g., 501(c)(3), 501(c)(9), etc.) | (Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination.) |
| If not a 501(c)(3) nonprofit, then who is the fiscal agent? | (Attach a copy of the written agreement from fiscal agent plus fiscal agent’s contact information and EIN.) |

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| Organization’s mission statement: |
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| Type of request (check one): Note: not all funders support each type of request. Check with individual grantmaker. | | | | |
| [ ] Capacity Building Support | | | [ ] Project/Program Support  [ ] New Project  [ ] Existing Project  [ ] Expansion of Existing Project | |
| [ ] Capital Campaign | | | [ ] Other (explain) | |
| [ ] General Operating Support | | |
| Project/campaign name:  (if general operating please indicate) | |  | | |
| Proposal summary: In 100 words or less summarize the purpose of this request. | | | | |
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| Funding period requested: (be specific) | / / through / / | | Amount requested: | $ |
| Total project budget for this period: (not required if general operating request) | $ | | Organizational annual budget: | $ |
| Organization fiscal year: | / / through / / | | | |
| Geographic area(s) served:  (include specific counties) | (For this project. If general operations support, for this organization). | | | |

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| Does your organization receive funding from a giving federation? Please list all that apply. (e.g., United Way, Arts and Education Council, Jewish Federation) |  |

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| Agreement |
| *I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.*  *In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.* |

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| Signature & Title of Authorized Representative (e.g. Executive Director) |  | Date |

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| **NARRATIVE** |
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| **SECTION A: ORGANIZATION INFORMATION** |
| **1. Brief summary of organization’s history.** |
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| **2. Brief description of the organization’s current programs, activities, number served annually, and recent accomplishments.** |
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| **SECTION B: DIVERSITY, EQUITY, & INCLUSION** |
| *Your answers will provide a valuable perspective on our potential grantees’ capacity to address the issues of diversity, equity, and inclusion (DEI). See User Guide for more information and examples.* |
| **3. List any internal or external efforts your organization is currently undertaking to incorporate diversity, equity, and/or inclusion (DEI) into its policies and practices. Are there DEI initiatives your organization hopes to undertake?** |
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| **4. How are the demographics of the community/clients your organization serves reflected in the composition of your staff, board, and/or volunteers? Are there ways that your organization strives to incorporate the perspective of the community/clients your organization serves?**  *(Examples of demographics that may apply to your work include age, ability, national origin, religion, sexual orientation, socio-economic level, veteran status, or personal experience with issue (e.g., previous client of your organization)).* |
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| **SECTION C: DESCRIPTION OF COMMUNITY/CLIENT NEEDS & STRENGTHS** |
| **5. What are the community/client needs or problems that will be addressed by this project? Why is this issue important?** |
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| **6. Identify 3-5 strengths of the community/clients that your organization serves AND explain how those strengths might contribute to the success of this project.** |
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| **SECTION D: PROJECT INFORMATION** |
| **7. Describe who will be served by this grant? How many will be served?** |
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| **8. What are your project goals?** *(Operating or capital requests: what are your agency’s major goals?)* |
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| **9. What activities do you intend to engage in or provide to achieve the aforementioned goals?** *Please provide an in-depth description of the activities/services, including: 1) how much, 2) how often, 3) how long activities/services will be provided. For expanded project requests, distinguish between current and expanded activities/services.* |
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| **10. What are the anticipated short-term and long-term measurable outcomes that would be achieved by this grant?** |
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| **11. What is the timeline for implementing this grant?** |
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| **12. What are the organization’s most significant interactions with other organizations and initiatives? For project requests, address this question with respect to that project only.** *(e.g., who are the other partners, what is your past experience collaborating with each organization, what is their role in this project, and what is their expertise, etc.?)* |
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| **13. What other agencies or projects are doing similar work in the region and how are you different?** |
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| **14. Who are the key staff members, board members, and/or volunteers who will ensure the success of the project/organization and what are their qualifications?** |
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| **15. What staff, board, or volunteer training and professional development needs are required to implement this project, if any? Please be specific** *(e.g. trainings on cultural competency, effective use of social media, or fundraising techniques)***.** |
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| **16. How does this request fit within your organization’s long-term goals? (We define long-term as the time-period beyond this grant). How does this project support your organization’s implementation of its strategic plan?** |
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| **17. What is your long-term funding plan once funding from this funder ends? (For project requests, address this question with respect to that project only).** |
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| **18. Describe the extent to which your project/organization is based on evidence-based, best, or promising practices.** |
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| **SECTION E: EVALUATION** |
| **19. What tools and processes does your organization use to measure whether or not your program is achieving its goals and outcomes? Describe the measurement tools** *(e.g., intake sheets, participation checklists, pre/post surveys, client questionnaires follow-up surveys, co-design evaluation tools/co-collect data with your clients/community members, etc.).* |
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| **20. How will the evaluation results be used to inform/strengthen future programming and organizational operations?** |
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| **SECTION F: BUDGET NARRATIVE JUSTIFICATION** |
| **21. After completing the CGA budget template (NOTE: check both tabs of the spreadsheet), please provide a description of each expense and revenue line item listed on the program/project budget. Indicate whether this is a new expense for your project or if funding is being requested to cover a current/existing expense.** *For example, if you list personnel expenses, please state whether these funds will be used for new or existing staff positions. Explain how the numbers are being calculated.* |
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| **QUESTIONS FOR CAPITAL CAMPAIGN REQUESTS** |
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| **SECTION G: CAPITAL CAMPAIGN REQUESTS** *(this additional information is required)* |
| **22. Discuss the feasibility and cost of the capital campaign and its implications in relation to the organization’s ongoing operations expenses.** |
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| **23. Specify support received to date and the number of prospects approached and/or identified.** |
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| **24. Identify potential naming opportunities.** |
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| **25. Indicate the board’s financial participation in the campaign (percent participating and amount contributed).** |
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| **26. Describe plans for funding the ongoing maintenance of the new capital project.** |
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| **27. Detail financing (e.g., loans, tax credits, etc.) that might be undertaken in addition to raising funds from the public.** |
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| **28. Indicate whether the campaign is open or in its quiet phase and when the campaign began. Also indicate if timing is a factor or if a “window of opportunity” exists that could impact the success of the campaign.** |
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| **REQUIRED ATTACHMENTS** |
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| 1. **Copy of the current IRS Letter of Determination indicating tax-exempt status.** 2. **List of current board of directors. Include the following information for each board member:**    * **Professional affiliations** *(name of organization of employment and title)*    * **ZIP code of residence** *(e.g. 63105, 63135)* 3. **If applicable: Letter of support from each collaborating organization that explains their role and is signed by the top executive(s) of that organization.** 4. **If applicable: Memorandum of understanding or contract between the organization and the fiscal agent/fiscal sponsor.** 5. **Financials**   *NOTE: financial statements are to be prepared according to generally accepted accounting procedures (GAAP)*   * + Project budget *(must use Excel CGA Project Budget template included as part of this application)*   + Internally prepared income statement for current fiscal year. *(You may use Excel CGA Organizational Budget template included in this application or your own personal template).* **AND**     1. Complete copy of organization’s audited/reviewed/compiled financial statements for the last fiscal year (which should include two (2) years of financial information). **OR**     2. Organization’s most recently filed Form 990, plus internally prepared financial statements for the past two (2) years. **Must include:**  \* Statement of activities (income statement)  \* Statement of financial position (balance sheet)  \* Statement of cash flow  1. **Additional Attachments:** Individual grantmakers may choose to request additional attachments. Please check with the individual grantmaker. |

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| **Please read the following statements and check both the boxes certifying that this application is complete according to the requirements set forth by the grantmaker.** |
| I have reviewed the website or spoken with the grantmaker to whom I am submitting this application and have reviewed their mission, funding interests, process, and requirements to determine if my request is a funding fit.        I have included in this application any additional materials and attachments required by this funder. |