

ST. LOUIS PHILANTHROPIC ORGANIZATION 2021 RESPONSIVE GRANTS

The **original and two copies** of the application and **one set** of the required attachments must be submitted to the SLPO at 20 South Sarah Street, St. Louis, MO, 63108, **by 4:30 p.m. on Friday, February 5, 2021**. The application and instructions can be found at <http://www.stlphilanthropic.org>.

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| **2021 Responsive Grants Application** |
| Organization Name: |  | Date Established: |  |
| Website Address: |  | Employer Identification Number: |  |
| Street Address: |  |
| City:  |  | State:  |  | Zip code:  |  |
| Telephone #:  |  | Fax #:  |  |
| CEO/Executive Director |  | Phone #: |  |
| Email Address: |  |
| Main Contact for this Proposal (Please include title):  |  | Phone #:  |  |
| Email Address: |  |
| Briefly state organization’s mission statement or purpose: |
|  |
| Total Grant Amount Requested $ | Total Cost of Program/Project $ |
| Start Date (Beginning of Grant Period) : | End Date (End of Grant Period) : |
| Projected Total Number of Individuals to be served by program/project: |  |
| Projected Total Number of St. Louis City residents to be served by program/project: |  |

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| Grant will be used to serve (check all that apply):  |
| [ ] Children Ages 12 and Under | [ ] Teens Ages 13 to 19 |
| [ ] Adults Ages 20 to 55 | [ ] Seniors Ages 55 and Older |
|  |
| Grant will be used to support: |  |  |
| [ ] New Project/Program | [ ] Maintenance of Current or Existing Project/Program | [ ] Project/Program Expansion |

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| Briefly describe program/project for which the grant is being requested (include year the program began): |
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| Grant Classification (check ***one*** Primary Grant Category):  |
| [ ] Arts & Culture  | [ ] Employment & Job Training/Placement | [ ] Mental Health & Crisis Intervention |
| [ ] Basic Needs (e.g., food and clothing) | [ ] Health Care  | [ ] Recreation, Sports & Camps |
| [ ] Crime, Legal & Protection Against Abuse | [ ] Housing and Shelter | [ ] Youth Development |
| [ ] Education | [ ] Human/Social Services |  |

**II. Statement of Need.**

**III. Program/Project Objectives and Promotion of Equity Among the Targeted Population**

**IV. Program/Project Implementation**

**V. Method To Evaluate Program/Project Effectiveness**

**VI. Procedures to Limit Use of Grant Funds to St. Louis City Residents**

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| **Organization Prior Fiscal Year Actual** |  | **Organization Current Fiscal Year Budget** |
| Fiscal Year End |  |  | Fiscal Year End |  |
| **Revenue** |  |  | **Revenue** |  |
|  Government Funding |  |  |  Government Funding |  |
|  Public Funding |  |  |  Public Funding |  |
|  Program Fees/Dues |  |  |  Program Fees/Dues |  |
|  St. Louis Philanthropic Organization |  |  |  St. Louis Philanthropic Organization |  |
|  All Other Revenue |  |  |  All Other Revenue |  |
| **Total Revenue** |  |  | **Total Revenue** |  |
|  |  |  |  |  |
| **Expenses** |  |  | **Expenses** |  |
|  Wage, Salaries |  |  |  Wage, Salaries |  |
|  Payroll Tax, Benefits |  |  |  Payroll Tax, Benefits |  |
| Contract, Legal, Prof. Services |  |  | Contract, Legal, Prof. Services |  |
|  Mortgage, Rent, Lease |  |  |  Mortgage, Rent, Lease |  |
|  Depreciation |  |  |  Depreciation |  |
|  All Other Expense |  |  |  All Other Expense |  |
| **Total Expenses** |  |  | **Total Expenses** |  |
|  |  |  |  |  |
| **Net Surplus/Deficit** |  |  | **Net Surplus/Deficit** |  |
| **Operating Reserves** |  |  | **Operating Reserves** |  |
| Full Time Employees |  |  | Full Time Employees |  |
| Part Time Employees |  |  | Part Time Employees |  |
| Volunteers |  |  | Volunteers |  |
|  |  |  |  |  |

**VII. Organization Budget Information**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  |  | **Yes** | **No** |
| Did the agency receive in-kind services? |  |  |  | Will the agency receive in-kind services? |  |  |
| If yes, describe nature and value: |  | If yes, describe nature and value: |
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| Any comments Regarding Organization Actual or Current Year Budget: |
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**VIII. Program/Project Budget Information**

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| --- | --- | --- | --- | --- |
| **Program/Project Proposed Budget** |  |  | **Yes** | **No** |
| **Revenue** |  |  | Will the agency receive in-kind services? |  |  |
|  Government Funding |  |  | If yes, describe nature and value: |
|  Public Funding |  |  |  |
|  Program Fees/Dues |  |  |
|  St. Louis Philanthropic Organization |  |  |
|  All Other Revenue |  |  |
| **Total Revenue** |  |  |
|  |  |  |
| **Expenses** |  |  |
|  Wage, Salaries |  |  |
|  Payroll Tax, Benefits |  |  |
| Contract, Legal, Prof. Services |  |  |
|  Mortgage, Rent, Lease |  |  |
|  Depreciation |  |  |
|  All Other Expense |  |  |
| **Total Expenses** |  |  |
|  |  |  |
| **Net Surplus/Deficit** |  |  |
| **Operating Reserves** |  |  |
| Full Time Employees |  |  |
| Part Time Employees |  |  |
| Volunteers |  |  |

Specify below the details of how the grant will be utilized if awarded. The St. Louis Philanthropic Organization has a limited amount of grant dollars and will not be able to fund every grant request. To assist in its deliberations, please provide a specific, minimum grant amount that would not adversely impact implementation if the Board is unable to support the agency at the level requested. Include any potential program/project changes that may have to be made as well as which budget items would be affected and how.

Details of how SLPO Grant money will be utilized if awarded and minimum grant amount explanation (continued from previous page)

Specify in dollars how much of the Total Revenue listed in the Program/Project Proposed Budget has been secured to date. Please indicate which source(s) of revenue and the amount(s) that is/are still pending, and the anticipated date of notification, **excluding** **the request to the St. Louis Philanthropic Organization.**

What contingencies are in place should the pending source(s) of revenue not be awarded?**IX. Board of Directors**

Date that the following roster is effective:

Total number of board positions:

List all current board members, board position and the number of years on board. List on separate sheet if additional space is needed.

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| **Name**  | **Board Position** | **# Years on Board** |
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**X. Signature**

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| --- | --- |
| Printed Name of Chief Executive Officer or other Authorized Board Member |  |
| Signature of Chief Executive Officer or other Authorized Board Member |  |
| Title/Position of Authorized Board Member  |  |
| Date Signed |  |

**XII. Please share how the organization learned about the SLPO grant opportunity (e.g., SLPO website, former grant recipient, St. Louis American newspaper, etc.)**

**XI. Attachments (See Instructions) – These must be included with the application to be considered for funding:**

1. 501 (c) (3) Letter of Incorporation
2. Certificate of Incorporation (Name Change and/or Fictitious Name Registration if Applicant differs from Certification)
3. Certificate of Good Standing issued by the Missouri Secretary of State **(*issued on or after January 5, 2021*)**
4. Statement by the governing body and signed by an Officer of the Board of Directors; 1) endorsing the project/program; 2) that adequate protections are in place to guarantee that neither your organization nor any money we grant it will be used to support terrorism or for any terrorist purposes