

GRANT APPLICATION



This application is for non-profit organizations to submit for a grant award from The Trakxx Foundation.

Instructions: Please be sure to include all pertinent information that will assist our foundation to best understand your organization's mission, project or program details, financial health, and the potential impact of the proposed initiative.

SECTION I: Organizational Information

Date: _____

Organization Name: _____

Contact Person: _____

Contact Person's Title: _____

Contact Person's E-mail: _____

Contact Person's Phone Number: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Organization's Mission Statement: _____

SECTION II: Project or Program Information

Project Title: _____

Project Overview (max 200 words): _____

Target Population or Community: _____

Project Goals and Objectives: _____

Expected Outcomes: _____

Timeline: Start Date: _____ End Date: _____

SECTION III: Budget Information

Total Project Budget: _____ Amount Requested: _____

Detailed Budget Breakdown (*attach as a separate document*): Is document attached? Yes No

SECTION IV: Evaluation and Measurement

Key Performance Indicators (KPIs): _____

Methods of Evaluation: _____

SECTION V: Organizational Capacity

Overview of Organization's History and Experience: _____

Staff and Key Personnel Involved: _____

Relevant Partnerships or Collaborations: _____

SECTION VI: Previous Grant History

List any previous grants received in the last 2 years: _____

Outcomes of Previous Grants: _____

SECTION VII: Additional Information

Unique Challenges or Opportunities for the Project: _____

Any Additional Supporting Documents (*attach as a separate document*): _____

SECTION VIII: Contact Information for Follow-up

Primary Contact Person (if different from above): _____

Alternative Contact Person's Name: _____

Alternative Contact Person's Title: _____

Alternative Contact Person's Email: _____

Alternative Contact Person's Phone Number: _____

SECTION IX: Declaration

I, the undersigned, affirm that the information provided in this grant application is accurate to the best of my knowledge. _____ agrees to comply with all requirements and reporting obligations associated with the grant.

Signature: _____

Date: _____