**WITAN Project Summary Form 2018-2019**

**Information requested must be on this form with 15 copies (16 total including original) on 2-sided,**

**3-hole punch paper. Current financial statement, budget and proof of 501c3 status must be attached. Please provide a budget and financial statement, including balance sheet and results of operations. Please enclose a list of your current board members with the grant request.**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Profit Tax I.D. #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Itemize Project Request:

Explanation of Project:

Project Timetable:

Services Provided By Your Agency:

Communities and/or Counties Served By Your Agency:

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Number of clients served by your agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people who would be DIRECTLY affected by this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount and source of present funding: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your agency have an “Auxiliary”? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If “Yes”, what is its function?

Do you have any community-wide fund-raising event(s)? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If “Yes”, describe the event(s), including how much each event nets in income to your agency.

Has WITAN funded your agency in the past? If so, years of funding.

Number of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Costs: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fund-raising Costs: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you plan to promote WITAN’S support of your agency/project?

Newsletter\_\_\_\_\_\_\_\_\_ Web Site\_\_\_\_\_\_\_\_\_ Agency Press

Release\_\_\_\_\_\_\_\_\_ Brochure\_\_\_\_\_\_\_\_\_\_Social Media: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Explain):

Please send to: Please Note:

WITAN WITAN will not fund the following:

Attention: Beth DeLuca/Civic Committee 1) For-Profit Organizations

P.O. Box 5448 2) Salaries for any personnel.

Akron, Ohio 44334-0448 3) Any political parties, candidates or

organizations supporting politically charged issues.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*SEE ATTACHED CHECKLIST\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*



WITAN Project Summary Form

2018 - 2019

Application Checklist

For your convenience, the following is a checklist to assist you in the WITAN grant process:

\_\_\_\_\_ 1. 15 Copies Project Summary Form (16 plus original) on

2-sided, 3-hole punch paper.

\_\_\_\_\_ 2. Copy current financial statement.

\_\_\_\_\_ 3. Copy current budget.

\_\_\_\_\_ 4. Proof of 501c3 status.

\_\_\_\_\_ 5. List of current board members.