GRANT PROPOSAL

Use this document to prepare your application and collaborate with your colleagues. All applications must ultimately be uploaded via Foundant, the Foundation’s grants management system. Contact grant manager Dan Dineen ([ddineen@pritzkerfoundation.org](mailto:ddineen@pritzkerfoundation.org)) with questions or assistance.

ORGANIZATION & PROJECT OVERVIEW

*Please provide basic information about your organization and project.*

|  |  |
| --- | --- |
| Organization’s legal name |  |
| Organization’s address |  |
| Org. Phone Number |  |
| Org. Website |  |
| Organization’s DBA or abbreviation | *(If applicable)* |
| Organization type | *(E.g., 501(c)(3) nonprofit, public university/college, unit of government, other)* |
| EIN |  |
| Affiliated Organizations | If you are an affiliate of another organization, please identify such organization and describe the relationship |
| Fiscal Sponsor | Is this organization serving as a fiscal sponsor for another project or entity? Yes or No. (If yes, answer the set of questions below about the sponsored entity/project. Use this section to describe the fiscal sponsor. |
| Year Founded |  |
| # of full-time staff |  |
| Logo | Use this upload field to provide your logo as a JPG or PNG. |
| IRS Determination Letter | Use this upload field to provide your IRS determination letter as a PDF. |
| W9 | Use this upload field to provide your logo as a JPG or PNG. |
| Last Three Audits | If available, use these upload fields to provide your last three audited financial statements. If you organization is unaudited, please provide recent statements of activity and financial position, covering your organization’s assets, liabilities, income and expenses for the last available year. |
| Current Year Budget | Use this upload field to provide your organization’s current year budget, including both income and expenses, as a PDF or an Excel file. |
| Questions from Audited Financials | In the period in which you provided financial statements, to what do you attribute:   * A deficit in any year, * Any significant fluctuation in expenses between years, * Any significant fluctuation in revenues between years, and * Any other significant change in your operational health as indicated in your audited financial statements? |
| Year To Date v. Last Year Revenue and Expenses | To what do you attribute differences in year-to-date revenue compared to the same figure from last year? |
| Year To Date Budget | How are revenue and expense actuals tracking to the current fiscal year budget? |
| Auditor Findings | Did your most recently completed audit contain any findings from your auditor? If so, please summarize your auditor’s findings and the steps your organization has taken to solve the identified issue(s). |
| Significant Events | Since the issuance of the last audited financial statements, has your organization experienced any event that could significantly impact your organization’s operations? For example:   * Has your organization incurred any large or unusual debt in the last six months? If so, what was the reason? * Are there any current or pending lawsuits against your organization? If so, what is the potential impact of the lawsuit on the organization? * Has your organization recently had a change in executive or key programmatic staff? |

INFORMATION ABOUT THE ENTITY WITH A FISCAL SPONSOR OR AGENT

*If using a fiscal sponsor, please complete out the following fields:*

|  |  |
| --- | --- |
| Name of Entity with a Fiscal Sponsor or Agent |  |
| Description of Entity with a Fiscal Sponsor or Agent | Briefly describe the entity that will be implementing this project. (E.g., "We are a community group that is in the process of applying to become an independent 501(c)(3) organization.") |
| Fiscal Sponsor/Agent Agreement | Either describe the relationship between your entity and your fiscal sponsor/agent or upload the memorandum or understanding (or other similar document) that governs the relationship between your organizations. |
| Certification to Submit | Use the check box and open field to certify that the person providing the information for the application is authorized to do so on behalf of the fiscal sponsor. |
| Entity with a Fiscal Sponsor/Agent Address |  |
| Entity with a Fiscal Sponsor/Agent Tax ID | If applicable |
| Entity with a Fiscal Sponsor/Agent Year Founded |  |
| Entity with a Fiscal Sponsor/Agent Mission Statement |  |
| Entity with a Fiscal Sponsor/Agent Statement of Financial Position |  |

CONTACT INFORMATION

*Please provide the contact information for the following individuals at your organization. If you identified a fiscal sponsor or agent above, please indicate the organization applicable to each contact.*

|  |  |
| --- | --- |
| Grant Agreement Signatory | *The Foundation executes all grant agreements via DocuSign. Please list the name, title and email address of the person who will sign the grant agreement, as well as the same information for anyone else that you want CCed on the signature request from DocuSign.* |
| Head of organization name, title, email address, and phone number | *(E.g., CEO, President, or Executive Director)* |
| Primary program contact name, title, email address, and phone number | *(I.e., the person who PFF should contact about project-related inquiries)* |
| Grant writer name, title, email address, and phone number | *(I.e., the person who is writing the proposal and will respond to questions about the proposal)* |
| Wire transfer contact name, title, email address, and phone number | *(I.e., the person who can provide information about your wire transfer information)* |
| Financial officer name, title, email address, and phone number | *(I.e., the person who can respond to inquiries about your organization’s financial health)* |
| Communications director name, title, email address, and phone number | *(I.e., the person who handles your organization’s communication duties)* |

PROJECT SUMMARY

|  |  |
| --- | --- |
| Project Name |  |
| Project Start Date | MM/DD/YYYY |
| Project End Date | MM/DD/YYYY |
| Project Summary | In two sentences, please describe this project’s anticipated impact and a high-level summary of the activities your organization will undertake to reach the desired impact. |
| Total Project Budget | $ |
| Total Amount Request from PFF | $ |
| Project Need/Opportunity | What community need or opportunity does your proposal address? |
| Key Project Staff | List the names, roles, and brief backgrounds of the staff that will take a leadership role in implementing this project. |

PROJECT DETAIL

*Applicants have 10,000 characters for the narrative questions below, but please be succinct in your responses. Additional narrative and upload fields are available at the end of the proposal.*

|  |  |
| --- | --- |
| Alignment With Goal | How does the proposed project align with and advance the goal of this focus area? |
| Project Start and End Dates | MM/DD/YYYY |
| Project Narrative | Describe the purpose and intended impact of this project. |
| Capacity and Fit | Briefly describe your organization's history as it relates to this project and how this makes your organization uniquely capable of implementing this project and ensuring its success. |
| Collaboration | If the activities described in this proposal include multiple organizations, describe how your organization will collaborate with other organizations to ensure this project is a success. |
| Sustainability & Future Impact | If your organization will scale the project or continue it beyond the time period in the grant, please describe how it intends to do so and intended future impact. |
| Key Project Staff | List the names, roles, and brief backgrounds of the staff that will take a leadership role in implementing this project. |

IMPACT PLAN

|  |  |
| --- | --- |
| Alignment With Goal | Use this field to upload the version of the impact plan that has been approved by your program officer. |

BUDGET AND BUDGET NARRATIVE

|  |  |
| --- | --- |
| Budget and Narrative Upload | Please upload your budget and budget narrative using the template provided by your program officer. |

OPEN-ENDED QUESTIONS

|  |  |
| --- | --- |
| Representation | How is your organization representative of or connected to the communities you serve? |
| Commitment | What current efforts and initiatives of your organization reflect your commitment to the communities that you serve or represent? |
| Lived Experience | If not included in your responses above, how is your organization informed by the perspectives of those with lived experience in its work? |