

## **Bishop Parker Foundation – Capital Grant Application Checklist**

Please use this checklist to gather the information and documents you will need to complete the grant application. It is recommended that you start early so you can be sure to submit before the deadline.

### **Organization Information**

- Organization Name \*
- Organization EIN # \*
- Organization Address \*
- Organization Executive Director or Top Management Position Name\*
- Organization Executive Director or Top Management Email \*
- Organization Executive Director or Top Management Email \*
- Organization Website
- Executive Director Phone Number \*

### **Individual Completing Application Information**

- Name of Individual Completing Application\*
- Email of Individual Completing Application\*
- Phone Number of Individual Completing Application\*

### **Grant Questions**

- Has your organization received funds from either the Bishop or Parker Foundation in the past \* - Yes or No
- If yes. What is the total number of years funded?
- If yes. Please list five of the most recent projects and the amount funded in the following format: [year], [name of project], amount funded
- Which of the six interest areas funded by the Bishop Parker Foundation are you applying to (may include more than one): \*
  - Education                      Health/Mental Health
  - Human Services              Environment
  - Arts                                  Animal Welfare
- Briefly describe your proposal for Bishop Parker investment in your project: \* (Maximum Character Count 1000)
- What amount of funding are you seeking?\*
- What percentage of the project funding will specifically benefit Manatee County residents\*?
- What percentage of the total agency's operating budget will support the proposed project?\*
- The Bishop Parker Foundation is committed to supporting organizations that demonstrate successful endeavors and projects. What will your project's "success" be and how will you document it? \* (Maximum Character Count 800)

- Describe your organization's capacity to implement your project/proposal, including leadership, staffing, and use of volunteers if applicable \* (Maximum Character Count 800)
- Are there other entities/funding sources investing in this project? \* - Yes or No
- If yes... Please provide information about these entities/funding sources and the amount of their contribution. Include contact information for these income sources. \*
- Please list the top five contributors and dollar amounts received in your last fiscal year (include fiscal year dates) for your organization, including any government and/or multi-year funding.
- Are there any specific or special circumstances that have impacted your budget this past year? \* - Yes or No
- If yes, please explain\*
- Name of selected architect/engineer
- Architect/engineer phone
- Architect/engineer address
- Is there a plan for a Capital Campaign

## **Files to Upload**

### **Required**

- Current total operating budget\*
- Most recent monthly financial statement\*
- Line-Item Budget for the project or program\*
- Timeline for completion of your Capital Project including payment schedule

### **If Applicable**

- Proof of Control of Property (deed, purchase contract, or long-term lease).
- Planning Approvals or Expected Approval Process- Comp Plan, Zoning, Administrative, or Special Permit
- Preliminary Site Plan
- Proposed Architectural Design
- Capital Campaign Plan and list of any donors pledged
- Three price quotes for proposed equipment purchase

## **Required Signatures**

- Board President
- Executive Director