**Standard Application Process**

*Medina Foundation - Application*

Basic Information

*• Please note that character limits do include spaces.   
• To preview questions (in Word or PDF format), view the* [*Sample Documents*](http://www.medinafoundation.org/sampledocs.html) *page on our website.  
• To view past requests, click "Organization History" from the dashboard menu.* ***You may cut and paste, where appropriate, from past requests by transferring answers to a Word document.*** *• We recommend preparing your answers in Word prior to submitting, in order to back up your data.   
• Information that has been carried over from the LOI should not be changed in any significant way without contacting us first.   
• To return later to finish or submit your request, click "Save" at the bottom of the form.   
• To preview the request prior to submission, click the "Application Packet" pdf button at top right.   
• Please reference our website for frequently asked questions.  
  
\*asterisk indicates required question*

🗗 Questions with this symbol have answers carried over from the LOI.

Organization's Mission Statement\* 🗗  
Please provide your organization's mission statement.   
*Character Limit: 500*   
  
Organization's General Purpose\* 🗗  
What is the general purpose of your organization? What gap is the organization filling and what unique role does the organization play in providing these services?   
*Character Limit: 2000*   
  
Organization Legal Name 🗗  
Organization name as registered with the IRS (if different than the organization name in the e-grant system).   
*Character Limit: 100*   
  
Year Organization Incorporated\*   
In what year was your organization incorporated?   
*Character Limit: 4*   
  
Primary Services\*   
Please list up to four of your organization's primary services in the following numbered format: e.g. 1. Parent education; 2. Therapeutic child care; 3. etc.; 4. etc.  
*Character Limit: 250*

Project Name\* 🗗  
If your organization is requesting funds for a specific project, e.g., Youth Tutoring Program, or Housing Case Management Services, please list that particular program as the "Project Name." However, if you are requesting funds for general operating, please list "General Operating" as the Project Name. *Character Limit: 100*   
  
Project Description 🗗  
For what purpose are you requesting funds? Please describe the objectives related to this request. If you are requesting General Operating support, give a general description of how your organization operates, who you serve, and how. If you are requesting project support, please explain how it aligns with your overall mission.   
*Character Limit: 2000*   
  
Amount Requested\* 🗗  
*Character Limit: 20*  
Primary Geographic Area\* 🗗  
*This is the primary geographic area that your organization reported providing services in. Please contact us if you wish to change this.*  
  
***Choices***   
Clallam County   
Grays Harbor County   
Island County   
Jefferson County   
King County   
Kitsap County   
Mason County   
Pacific County   
Pierce County   
San Juan County   
Skagit County   
Snohomish County   
Thurston County   
Whatcom County

Secondary Geographic Area 🗗  
*If your organization provides services in more than one county, this is the county in which your organization provides the most services after the primary county.*  
***Choices***   
Clallam County   
Grays Harbor County   
Island County   
Jefferson County   
King County   
Kitsap County   
Mason County   
Pacific County   
Pierce County   
San Juan County   
Skagit County   
Snohomish County   
Thurston County   
Whatcom County

Name of Executive Director\* 🗗  
Name of Executive Director/CEO or equivalent. Please email us with new Executive Director contact information if this has changed from when you first submitted your LOI.   
*Character Limit: 100*   
  
Executive Director Resume\*   
Please upload a copy of the executive director's resume.   
*File Size Limit: 2 MB*   
  
Executive Director/CEO Salary\*   
List the salary of the Executive Director/CEO   
*Character Limit: 20*

Please list the titles and salaries of the next two highest paid employees after the Executive Director.   
We would appreciate your sharing this information below to assist in our review. There are no right or wrong answers, as salaries are based on a number of factors specific to your organization. However, this information helps in our overall analysis of your organization’s structure and practices. We support the value of transparency within nonprofit organizations and foundations*. If you have concerns about providing this information here, you may skip the following questions, or contact us at alexia@medinafoundation.org or 206-652-8783.* If this information does not apply to your organization (ie, you have fewer than three paid staff positions), please leave the appropriate fields blank.

1) Title   
*Character Limit: 35*   
  
1) Salary   
*Character Limit: 10*   
  
2) Title   
*Character Limit: 35*   
  
2) Salary   
*Character Limit: 10*

Full Time Equivalent (FTE) Employees\*   
Please list the number of full time employees or full time equivalents (FTEs) your organization employs. *Character Limit: 10*   
  
Volunteers\*   
Please list the number of people who volunteer for your organization during any calendar or fiscal year.   
*Character Limit: 10*  
  
Volunteer Hours\*   
Please list the total annual of volunteer hours.   
*Character Limit: 10*   
  
Board of Directors\*   
Please upload a list of the names and affiliations of your board of directors. In addition, please list the names of those members who also serve on your executive committee in the space below.   
*Character Limit: 1500 | File Size Limit: 2 MB*   
  
Governing Board\*   
How many meetings were held last fiscal year for the governing board?   
*Character Limit: 5*   
  
Executive Committee\*   
How many meetings were held last fiscal year for the Executive Committee?   
*Character Limit: 5*

Board Contributions\*   
Please list the percentage of your organization's board members who contribute to your organization.  
*Character Limit: 3*Physical Address\*   
Please list your organization's physical address (this is helpful in scheduling a site visit, although you may change the site visit location later).   
*Character Limit: 75*

Organizational Overview   
*• The following questions relate to your organization as a whole.   
• Please answer the following questions concisely and avoid repeating information.   
• Bullet points are encouraged.*  
Clients served\*   
Please include the number of clients served both during the prior full year and year-to-date. In addition, please describe the demographics and challenges of clients served.   
*Character Limit: 2000*   
  
Similar Programs\*   
Who else offers similar programs in your service area? How do you work with other providers in your community?   
*Character Limit: 1700*   
  
Planning\*   
To what extent are you engaging in long-term planning and/or strategic planning? Please provide a brief highlight of your most recent strategic plan.   
*Character Limit: 1700*   
  
Have there recently been, or do you anticipate, any organizational or leadership changes?\*   
*Character Limit: 1700*

What are the long-term funding plans for your organization's operating budget?\*   
*Character Limit: 1700*

Specific Grant Request

*•* ***The following questions relate to this specific grant request.   
• If this request is for a specific project or program, please answer the following questions with that project in mind.****•* ***Please complete the following questions even if your request is for general operating support.****• Be concise and avoid repeating information. Bullet points are encouraged.   
• For capital requests, please provide answers that relate to both the request as well as the organization.*

What opportunity, issue or need are you trying to address with this request?\*   
*Character Limit: 2000*   
  
Community Engagement\*   
To what extent have you included the community you are trying to serve in the design of your project or program?   
*Character Limit: 2000*   
  
Please describe your specific workplan as it relates to your request.\*   
How do you achieve your stated goals and objectives?   
*Character Limit: 2000*   
  
Evaluation\*   
Please explain the methods of evaluation your organization uses to assess impact and track outcomes.  
*Character Limit: 1500*   
  
Outcomes\*   
Please list the most recent results of your evaluations, or any relevant outcomes.   
*Character Limit: 1500*   
  
What is your plan for future funding of this project?   
If this request is for general operating support and you have already answered this question above, please skip this question.   
*Character Limit: 1700*

Financial Information   
  
Organization Budget\* 🗗  
The total amount of your organization's operating budget   
*Character Limit: 20*   
  
Project Budget\* 🗗  
If you are applying for a specific project or program, and not general operating dollars, please insert the amount of the project or program budget. If you are applying for general operating dollars, please put a zero in the box below.   
*Character Limit: 20*

Organizational & Project Budgets\*   
Please use the Medina Foundation budget format for your agency operating budget and project budget (if applicable). Capital budgets are uploaded separately and can be in your own format.

Click [here](http://www.medinafoundation.org/application-templates.html) (http://www.medinafoundation.org/application-templates.html) to download the Medina Foundation budget template (in Excel). Fill out the Organization budget on the first sheet. If you are applying for Program/Project funds, please fill out the form on the second sheet as well. Once complete, please upload the file (in Excel) below. Operating and project budgets must reflect the fiscal year for which the grant is requested. If you are applying for a grant after the first quarter of your fiscal year, please also include a draft budget/forecast for the next fiscal year.   
*File Size Limit: 2 MB*   
  
Financial Narrative   
Please explain any deficit or surplus from the budget template attached above.   
*Character Limit: 1000*

Capital Budget (if applicable)   
If you are applying for a capital project, you are welcome to use your own budget format.   
Please include the following information:   
1) Capital project budget including income, projected income and expenses   
2) Explanation of how debt service, maintenance and operating expenses will be met   
3) Size of proposed facility and cost per square foot   
4) Anticipated completion date   
*File Size Limit: 2 MB*   
  
Balance Sheet\*   
Please upload a recent **Balance Sheet** (within the past 3 months) showing total **Assets and Liabilities**, including any off-balance accounts.   
*Please do not upload a Profit & Loss (Statement of Revenue & Expenditures). We do not require these documents. Income/Expenses are reported in the application Budget template.   
  
Note: If uploading a pdf document, it is helpful if this is in Portrait mode rather than Landscape.  
File Size Limit: 2 MB*

Audited Financial Statements or 990\*   
Please upload your audited financial statements for the last fiscal year. If this is not applicable, please upload a copy of your latest 990.   
*File Size Limit: 8 MB  
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Other Contributors   
  
Corporate and Foundation Contributions\*   
Click [here](http://www.medinafoundation.org/application-templates.html) (http://www.medinafoundation.org/application-templates.html) to download the template to list your major foundation and corporate contributors (in Word). Once it is complete, please upload the file below.   
  
We kindly request that you include major contributors for the past two years and those who your agency is approaching in the current fiscal year. The purpose is to get a general sense of your other contributors rather than a comprehensive list. ***Please limit your list to no more than 2 pages.*** *What constitutes a “major" contribution is defined by the organization and can be over any internally determined threshold/dollar amount.   
File Size Limit: 5 MB*  
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ELECTRONIC SIGNATURE   
  
ELECTRONIC SIGNATURE\*   
Enter your full name (i.e., Jane Smith)   
*Character Limit: 100*   
  
Enter your business title\*   
i.e., Executive Director   
*Character Limit: 100*   
  
Date of Signature\*   
Select the date of electronic signature   
*Character Limit: 10*  
Signature\*   
By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief.  
***Choices***   
I Agree.   
I Do Not Agree.   
  
**Be sure to click "Submit" at the bottom of the page when finished!** (You may click "Save" to return to your work later.) You will receive an automatic email notification when your submission has been received. If you believe you have submitted your application but do not receive this message, please contact us.