

Application Cover Sheet

DATE SUBMITTED: _____

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

CONTACT PERSON: _____ PHONE: _____

EXECUTIVE DIRECTOR _____ (Or other person responsible for finances)

Please describe your organization's mission here:

Period of time in which grant will be used: _____ to _____

Request is for (check one):
 General Support
 Specific Project

Organization's annual budget: \$ _____

If your group has ever applied for funding from the Chinook Fund under a different name, what is it? _____

You must select which grant size and amount you are requesting. Select only one.

Start-up \$ _____ or Established \$ _____

What is your organizational status?

- 501(c)(3), copy of IRS determination letter enclosed
- Unincorporated
- Incorporated, but not 501(c)(3), copy enclosed
- Other, explain:

Budget Form

This is your PLAN for what you will earn and spend during the NEXT year.

If you have an existing budget for the next year, you may attach it instead;
Otherwise, please fill out this form or recreate it.

Budget for the period _____ to _____ (should be one fiscal year)

Complete Organization Budget (including all projects)

REVENUE

EXPENSE

SOURCE	AMOUNT	ITEM	AMOUNT
Grants (Indicate source of each grant)		Salaries & Wages (Break down by position, Indicate full/part time)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Corporations	\$ _____	Fringe benefits & payroll taxes	\$ _____
Earned Income	\$ _____		
In-kind Support	\$ _____	Consultants & Professional fees	\$ _____
Individual Contributions	\$ _____	Travel	\$ _____
Fundraising events & products	\$ _____	Equipment	\$ _____
		Supplies	\$ _____
Membership income	\$ _____	Printing & Copying	\$ _____
Other (specify)		Telephone & Fax	\$ _____
_____	\$ _____	Postage & Delivery	\$ _____
_____	\$ _____		
_____	\$ _____	Other (specify)	
_____	\$ _____	_____	\$ _____
TOTAL REVENUE	\$ _____	_____	\$ _____
		TOTAL EXPENSE	\$ _____

TOTAL REVENUE \$ _____

List where Chinook Fund monies will be applied.

TOTAL EXPENSE \$ _____

Description *Amount*

Difference \$ _____

(subtract expense from revenue)

_____	_____
_____	_____
_____	_____

Income/Expense Statement

This is the HISTORY of what you earned and spent LAST year.

If you have an existing income/expense statement for last year, you may attach it to this form; otherwise, please fill out this form or recreate it.

For the period _____ to _____ (should be last complete fiscal year)

Complete Organization income/expense statement (including all projects)

REVENUE

EXPENSE

SOURCE (Indicate source of each grant)	AMOUNT	ITEM	AMOUNT
_____	\$ _____	Salaried & Wages (Break down by position Indicate full/part-time)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Corporations	\$ _____	Fringe benefits & payroll taxes	\$ _____
Earned Income	\$ _____		
In-kind support	\$ _____	Consultants & Professional fees	\$ _____
Individual Contributions	\$ _____		
Fundraising events & products	\$ _____	Equipment	\$ _____
Membership income	\$ _____	Supplies	\$ _____
Other (specify)	\$ _____	Printing & Copying	\$ _____
_____	\$ _____	Telephone & Fax	\$ _____
_____	\$ _____	Postage & Delivery	\$ _____
_____	\$ _____	Rents & Utilities	\$ _____
TOTAL REVENUE	\$ _____	_____	\$ _____
Other (specify)		_____	\$ _____
		TOTAL EXPENSE	\$ _____

TOTAL REVENUE \$ _____

TOTAL EXPENSE \$ _____

Difference \$ _____
(subtract expense from revenue)

Chinook Fund Diversity Chart

The Chinook Fund believes that all issues of oppression and privilege are linked, and that all must be challenged. Social change work occurs at the community level, and many wedge issues divide us. It is important to include every aspect of your community, as you define it, so no one part of the community is left behind. Because of this belief, we request the following information from our grant applicants. We encourage you to use this opportunity to consider how diverse your leadership group is, and whether you are as effective in your outreach as you can be.

Please fill out all parts of this form.

The TOTAL NUMBER IN LEADERSHIP will be the number of people in your decision-making body, i.e., Board of Directors, staff, or volunteers. That number will match the total in each column.

Organization: _____

Total number in leadership:

Race/ Ethnicity	Age	Sexual Orientation	Gender	Disabilities	Income Level	
African American/Black	Under 18	LGBTQ (lesbian, gay, bisexual, transgender, queer)	Female	People with Disabilities	Low-income	
Asian/South Asian/Pacific Islander	18 - 26	Heterosexual	Transgender	People without Disabilities	Middle-income	
Latina/o Chicana/o Mexicana/o	26-55	Total	Male	Self-Identify:	High-income	
Middle Eastern	56+		Self-Identify:		Self-Identify:	Total
Multiracial	Total		_____		_____	
_____			_____		_____	
_____		_____	_____			
Native/Indigenous		_____	_____	_____		
White/Caucasian	_____	_____	_____	_____	_____	
Self-Identify:	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	
Total	_____	_____	Total	Total	_____	

Is your meeting space wheelchair accessible? _____



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