

**RIESTER Foundation****General Foundation Grant Application**

Date: \_\_\_\_\_

**Contact Information:**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Organization Director/President: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Contact Person (if different): \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Organization Background:**

Year established: \_\_\_\_\_ Total organization budget: \_\_\_\_\_

Total number of staff: \_\_\_\_\_ Total number of board members: \_\_\_\_\_

Total number of volunteers: \_\_\_\_\_

Provide a brief description of your organization's history, mission and goals: \_\_\_\_\_

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Explain the principal purposes and services of your organization: \_\_\_\_\_

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**Proposal Summary**

Program/project name (if applicable): \_\_\_\_\_

Total program budget: \_\_\_\_\_ Requested grant amount: \_\_\_\_\_

Type of request (select from list):

 General Operating Support Program Support Capital Request

Geographic area(s) served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposal Narrative**

Describe the specific purpose for which funds are requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the project goals for which funds are being requested? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain how you feel your organization's proposal fits within RIESTER Foundation's mission and interests. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the anticipated results or outcomes for the request. Explain how the requested assistance would address the issue or need and support achievement of these results. \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Explain the process your organization uses to measure and demonstrate success. For general operating support requests, please describe how your organization assesses its overall success and effectiveness. \_\_\_\_\_

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If applicable, provide a timeline for implementing the request. \_\_\_\_\_

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*I hereby verify that the information provided is accurate and honest to the best of my knowledge.*

Authorizing Signature (President or Project Director): \_\_\_\_\_

Date: \_\_\_\_\_