# **Organization Information**

| Organization Na                     | me*                     |                                      |    |
|-------------------------------------|-------------------------|--------------------------------------|----|
| Brief Description<br>Characters Max | _                       | cluding its History and Mission (100 | 00 |
| Office Phone Nu                     | mber (Include Area Co   | de)*                                 |    |
| Organization Wo                     | ebsite*                 |                                      |    |
| Executive Direct                    | or/President of Organiz | ation Name*                          |    |
| Executive Direct                    | or/President of Organiz | ation Phone Number*                  |    |
| Street 1*                           |                         | Street 2                             |    |
| City*                               | State*                  | Zip*                                 |    |

| Has your organization earned a Guidestar Seal of Transparency?  |  |  |
|---|--|--|
| □ No □ Yes  |  |  |
| escribe the current financial health of the organization (Tell us how you rate our finances, including strengths and challenges: ex. trends in revenue and penses, budget comparisons, cash flows, debt management, reserves, dowment) (2000 Characters Max)* |  |  |
| escribe the demographic make-up of the community members you serve (2000 aracter max) (e.g. gender, race, income level, age, sexual orientation, etc)*  |  |  |
| what ways do your Board and staff reflect the community your organization rves if they do not, what efforts do you take to address that difference? (2000 haracters Max)*   |  |  |
| ow does the organization incorporate the values of diversity, equity and clusion in its operations? (1000 Characters Max)*  |  |  |
| ow does the organization address diversity, equity and inclusion as part of its rategic plan? (1000 Characters Max)*  |  |  |
|   |  |  |

# Primary Contact \*For Correspondence and Acknowledgements\*

| Prefix*           | First Name* | Last Name* |
|-------------------|-------------|------------|
|                   |             |            |
| Salutation/Inform | al Greeting |            |
|                   |             |            |
| Job Title*        |             |            |
|                   |             |            |
| Email*            | Phone       | Number*    |
|                   |             |            |

# **Project Information**

| Brief project summary (1-2 Sentenc                     | es up to 500 characters)*   |
|--|---|
|  |   |
| _  | detailed description of your capital project project, funding goals, timeline, other cter Limit)* |
|  |   |
| 3. Which one of the six Mary Morto project most align? | n Parsons Foundation focus areas does the   |
| Select   |   |
| Requested amount*                                      | The total cost of the project*  |
| Amount raised to date*                                 | Estimate for post completion operating costs*   |
| Financial plan for sustaining the pro                  | oject after the grant (2000 Character Max)*   |
|  |   |

# **Required Documents**

### Please Upload the Following

### Cover Letter\*

The cover letter must be from an official of the organization stating that the organization has formally approved the proposed program.

No file chosen

# List of Organization's Current Governing Board and its Officers\*

No file chosen

# **Project Budget\***

No file chosen

# **Organization's Current Operating Budget\***

No file chosen

### Recent Financial audit\*

Please include your most recent financial audit with your application.

No file chosen

## **Most Recent IRS 990\***

Please include your most recent IRS 990 with your application.

No file chosen

### **IRS Determination letter\***

The determination letter should include a copy of the organization?s IRS certification indicating that the organization is exempt under Section 501(c)(3) and is not classified as a private foundation as defined in Section 509(a)

No file chosen

### Other

Photo, Capital Campaign Brochure, Etc.

No file chosen

# How long did it take to complete this application\* (ex. 2.5 = 2 hours, 30 minutes) We would appreciate you sharing any feedback (good or bad) you have regarding the new online application process. Please note, any feedback you provide will have no impact on your organization's funding decision.

**Application Feedback (not required)**