



**The Greater New Orleans Foundation
IMPACT 2010 - Application Cover Sheet**

INSTRUCTIONS:

1. Using either Adobe Reader or Adobe Acrobat, please complete all fields in this form.
2. After completing the form, please save it as a PDF to your computer's hard drive. (Do NOT click on the submit button located on the PDF.)
3. Please name the file: **"[Your Organization's Name]-IMPACT2010-AppCoverSheet."**
4. This form should be submitted along with your IMPACT 2010 letter of intent and all other application components.
5. E-mail your letters of intent and all attachments in **ONE** email to grants@gnof.org.
6. The subject line of your email should read: **"[Category of Funding]-Impact 2010-[Your Organization's Name]"**. (For example, "Education-Impact 2010-ABC Inc." Or, if you are applying for special funding, please include the fund name as well as the category name: "Health-Kahn-Oppenheim Trust-Impact 2010-ABC Inc.")

SECTION 1:

Date:

Name of organization:

Address of organization:

City:

State:

Zip code:

Phone:

Website:

Names and titles of individuals submitting request:

Email addresses:

Is your organization a 501c3 public charity? **Yes** **No**

Tax ID number:

If your organization is not a 501c3 public charity, please list the name and tax ID number of your fiscal agent:

Name:

Tax ID number:

Brief description of your organization's mission and history:

SECTION 2:

Amount requested:

Total program budget:

Total organizational annual budget:

Funding will be used for:

Brief description of proposal/program (one sentence):

Dates of program:

Type of support requested:

- Programmatic General Operating Capacity Building
 Advocacy Other, please list:

SECTION 3:Are you an IMPACT 2009 grantee? Yes No

IMPACT 2010 category for which you are applying (select only ONE):

- Arts & Culture Youth Development
 Civic Engagement Education
Health **Human & Social Services**
 IMPACT 2010 (general funding) IMPACT 2010 (general funding)
 Harold W. Newman, Jr. Charitable Trust* Fomento Social Banamex Fund*
 Kahn-Oppenheim Trust Fund*

* Asterisks indicate special funding opportunities within the Health and Human & Social Services categories

SECTION 4:

Population your organization serves (select ALL that apply):

- Infants/Babies Children/Youth Adults Low Income
 Elderly Disabled Ethnic Minority Females
 Families Males Other, please list:

Parishes your organization serves (select ALL that apply):

- | | | | |
|--------------------------------------|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Assumption | <input type="checkbox"/> St. Bernard | <input type="checkbox"/> St. Charles | <input type="checkbox"/> St. James |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> St. John the Baptist | <input type="checkbox"/> Lafourche | <input type="checkbox"/> Orleans |
| <input type="checkbox"/> Plaquemines | <input type="checkbox"/> St. Tammany | <input type="checkbox"/> Tangipahoa | <input type="checkbox"/> Terrebonne |
| <input type="checkbox"/> Washington | | | |

SECTION 5:

Please make sure you submit the following information with your letter of intent:

- IMPACT 2010 Application Cover Sheet
- Program budget, if applicable
- Latest annual budget, including both revenues and expenses, approved by your board of directors
- List of your organization's board of directors
- A copy of an IRS letter indicating your organization's tax status
- A copy of your most recent audited financial statements (or, if unavailable, an internally prepared statement of financial position/balance sheet and statement of activities/income statement)
- Your organization's most recent tax return (i.e. your Form 990)

SECTION 6:

Name of Board Chairman/President

Date

Name of Executive Director

Date