



The Greater New Orleans Foundation
IMPACT 2013 - 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]-IMPACT2013-AppCoverSheet."**
4. This form should be submitted along with your IMPACT 2013 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 2013-[Your Organization's Name]"**. (For example, "Education-Impact 2013-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 2013-ABC Inc.")

SECTION 1:**Date:****Name of organization:****Address of organization:****City:****State:****Zip code:****Phone:****Website:****Names and titles of individuals submitting request:****Executive Director****Contact for this Grant****Name:****Name:****Email:****Title:****Phone:****Email:****Phone:****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 2012 grantee? Yes NoAre you an IMPACT 2011 grantee? Yes NoAre you an IMPACT 2010 grantee? Yes NoAre you an IMPACT 2009 grantee? Yes No

IMPACT 2013 category for which you are applying (select only ONE):

- Arts & Culture Youth Development
 Health and Human Services Education

Special Funding Categories*

 Harold W. Newman, Jr. Charitable Trust* Kahn-Oppenheim Trust Fund* Gulf States Eye Surgery Fund*

* Asterisks indicate special funding opportunities within the Health and Human Services category

From the specific guidelines for the category which you have selected to apply, please indicate the number(s) of the priorities that your application seeks to address (e.g., Youth Development 1, 3) 1 2 3 4 5

SECTION 4:

Population your organization serves (select ALL that apply):

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Infants/Babies | <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Adults | <input type="checkbox"/> Low Income |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Disabled | <input type="checkbox"/> Ethnic Minority | <input type="checkbox"/> Females |
| <input type="checkbox"/> Families | <input type="checkbox"/> Males | <input type="checkbox"/> 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:

- Application Cover Sheet
- Proposal Narrative
- 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 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:_____
Signature of Board Chairman/President Date_____
Signature of Executive Director Date