



## Devasthali Family Foundation Fund Grant Application

<b>Date:</b>		<b>Grant Area Applying For:</b>	Arts	Education	Elder Care	
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For an electronic copy of this form, please see Community Foundation of SNM's website at [www.cfsnm.org](http://www.cfsnm.org) or e-mail [adminasst@cfsnm.org](mailto:adminasst@cfsnm.org).

<b>Organization Name</b>			
Alternate name/acronym			
Address			
City	State	Zipcode	
County	Website		
Phone #	Fax #		
<b>Executive Director or Board Chair</b>			Prefix (Mr., Ms., etc.)
First Name	Last Name		
Title	E-Mail		
<b>Mission &amp; Primary Activities</b>			
Counties served			
Employer ID number (EIN)		Year org. established	
Number of paid employees		FTE	Number of volunteers
Number of board members	Number of board members who contribute to annual budget		Number of board meetings per year
<b>Organization Financial Information</b>	Organization budget for <b>current year</b>		
	Organization expenditure total for <b>last year</b>		
	Organization revenue total for <b>last year</b>		
Revenue breakdown for last fiscal year	Memberships & individual contributions		
	Ticket sales, fees for service, other income		
	Fundraising benefits		
	Corporate/business contributions		
	Government support		
	Foundation support		
	Endowment earnings		
Other (identify sources):			
From last year's revenue sources, please list the five single largest contributors and amounts provided. (Contributors include specific individuals, agencies, businesses, foundations, or other groups. Individuals may be listed as Anonymous #1, #2, etc., if necessary.)			
1.			
2.			
3.			
4.			
5.			
Please list grant applications to CFSNM and amounts awarded during the past three years.			

<b>Project Contact Person</b>		Prefix (Mr., Ms., etc.)	
Name		Title	
Phone		E-mail	
<b>Project Description</b> (one sentence)			
<b>Key Project Components</b> (a snapshot of your project, including population to be served and measurable outcomes)			
How many persons will benefit directly from the project?			
<b>Project Budget</b>	Total project budget	Total requested	
Other proposed sources of funding and amounts for each (please note if funding secured with "Yes" or "No")			
	Secured?		Secured?
	Secured?		Secured?
	Secured?		Secured?
	Secured?		Secured?

With my signature I certify the following: (1) The above information is correct; (2) I am authorized by the governing board of this organization to submit this grant application to The Community Foundation of Southern New Mexico; (3) this organization is in good standing with the IRS, retains its 501(c)(3) tax-exempt status, and is further classified as a public charity and *not* a private foundation; (4) this organization does not discriminate on the basis of race, religion, sexual preference, physical circumstances or national origin.

_____	_____
Name (printed) of head of organization	Title
_____	_____
Signature of head of organization (director or board chair)	Date

- Required Materials:**
- One (1) complete package (unstapled, unbound, paper clipped, printed one-sided) that include:**
- Grant Application
  - Detailed project narrative describing each line item (no more than three pages, 11-point font, with one-inch margins)
  - Detailed line item project budget, including revenues and expenditures (one page)
  - List of board of directors with affiliations and phone numbers
  - Organization budget for current year, including revenues and expenditures (one page)
  - Most recent audited financial statement, if available, or financial statements for most recent fiscal year
  - Organization 501(c)(3) determination letter from the IRS
- PLUS (two copies also unstapled, unbound, paper clipped, one-sided):**
- Grant Application
  - Detailed project narrative describing each line item
  - Detailed line item project budget

**Do NOT include** any media (CDs, DVDs, books, etc.).  
You may include letters of support only if they are directly related to the project.

**Send to:**  
The Community Foundation of  
Southern New Mexico  
301 S. Church St, Ste. H  
Las Cruces, NM 88001