

**NY Nanum Foundation**  
**Grant Application Checklist for 2019 Grant Cycle**

**For Program Support**

1.	<b>Cover Page</b> <i>provided herein, signed by the person ultimately responsible for signing grant contracts and the chairperson of the board</i>	
2.	<b>Proposal Narrative (Questions 1, 2 and 3 on the narrative)</b> <i>The proposal narrative has a five-page maximum, excluding cover page and requested attachments.</i> i. Executive Summary ii. Organization Background iii. Statement of Purpose for Program Support iv. Statement of Eligibility for funding from Special Interest Funds (Optional Addendum)	
3.	<b>Program Budget</b>	
4.	<b>Organization Budget</b>	
5.	<b>Supporting Documents</b> a. List and short bios (one paragraph) of current board members b. IRS determination letter c. Most recent annual report (if available) d. Most recent financial audit (if no audit has been conducted, then a copy of the most recent 990) e. Current organizational budget, including list of current funding sources	
6.	<b>Completed Checklist</b>	

**For Capacity-Building Support**

1.	<b>Cover Page</b> <i>provided herein, signed by the person ultimately responsible for signing grant contracts and the chairperson of the board</i>	
2.	<b>Proposal Narrative (Questions 1, 2 and 4 on the narrative)</b> <i>The proposal narrative has a five-page maximum, excluding cover page and requested attachments.</i> i. Executive Summary ii. Organization Background iii. Capacity-Building Activities	
3.	<b>Capacity-Building Project Budget</b>	
4.	<b>Organization Budget</b>	
5.	<b>Supporting Documents</b> a. List and short bios (one paragraph) of current board members b. IRS determination letter c. Most recent annual report (if available) d. Most recent financial audit (if no audit has been conducted, then a copy of the most recent 990) e. Current organizational budget, including list of current funding sources	
6.	<b>Completed Checklist</b>	

**COVER PAGE**  
**For 2019 NY Nanum Foundation Grant Application**

*This is a fillable form. Click the grey box to fill in the information.*

Date of Application:

Legal name of organization applying:

*(Should be same as name on IRS determination letter and as supplied on IRS Form 990.)*

Year Founded:

Executive Director: \_\_\_\_\_

Phone number:

Address (principal/administrative office):

City/State/Zip:

Fax Number: \_\_\_\_\_

E-mail Address:

Contact person/title/phone number/email (if different from executive director)

Organization Mission Statement:

Intended Use of Grant (one sentence):

Grant Type: Program Support ( Program Title : \_\_\_\_\_ )

Capacity – Building Support

Budget :

Total Organizational Budget	Total Program Budget
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Amount Requested from  
NYNF

**\* The 'Program Budget' and 'Organization Budget' Forms must be submitted separately.**

Population Served:

Is your organization an IRS 501(c)(3) nonprofit?    Yes    No    EIN#:

*If no, please fill out the Fiscal Agent Information:*

Fiscal Agent Organization Name: \_\_\_\_\_    EIN #:

Contact Name: \_\_\_\_\_    Title:

Address:

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

Phone: \_\_\_\_\_ Fax:

\_\_\_\_\_  
Signature, Chairperson, Board of Directors

\_\_\_\_\_  
Signature, Person responsible for signing grant contracts

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date