

Renewal Program Funding Application

Organization Legal Name City, State Grant Request Amount

Contact Information

Organization Contact Request Contact

Full Name
Title
Title
Phone
Email
Full Name
Title
Phone
Email

Finance Contact
Full Name
Title
Phone

Email

Organization Information

Tax Status:
Established: Year

Organization Type: Mission Statement:

Fiscal Year End: MM/YYYY

Number of Locations: Number

Request Information

Program Title:

Brief Request Summary: (Approx 2-3 sentences.)

Number of years funding requested: #

Funding Summary

Total Program Cost	\$ xx,xxx	(Entire program, all years)
Funds Available	\$ xx,xxx	xx.xx% of TPC
Balance Needed	\$ xx,xxx	xx.xx% of TPC
Amount Requested	\$ xx,xxx	xx.xx% of TPC

Organization Details

Please provide the following attachments.		
	☐ Executive Director/CEO/President resume (<i>if changed since the last PKF grant</i>)	
	☐ Theory of change or Logic Model, <i>optional</i>	
	PKF-Provided Excel Templates	
	☐ Board member list	
	☐ Donor information worksheet	
<u>Fir</u>	nancial Information	
1.	Please list your top 5 donors, the percentage of revenue contributed by each donor, and describe the sustainability of these donations over the next five to ten years.	
2.	What steps has your organization taken to diversify revenue sources and plan for long-term financia sustainability?	
3.	Please tell us about any major changes you are anticipating in your revenue streams or expenses, including changes that impact your budget and/or funding request.	
Ple	ease provide the following attachments.	
	☐ Revenue composition trends (PKF-Provided Excel Template)	
	☐ Detailed program budget matching year(s) included in request	
	☐ Most recent audited or reviewed financial statements	
Ad	<u>Iditional Information</u>	

<u>Ac</u>

Your Community Investment Officer may provide additional questions specific to your organization and/or renewal request. Please see your email for these.