

THE BENNIE AND MARTHA BENJAMIN FOUNDATION, INC GRANT PROPOSAL GUIDELINES

COVER SHEET

- Name and address of organization and list of officers and directors
- Contact person(s), telephone, fax number and email address
- One paragraph summarizing the organization's purpose and activities (pursuant to Section 501(c)(3) of Internal Revenue Code)
- One paragraph summarizing the proposal
- The relationship of the proposal to the organization's mission statement
- Total project budget
- Dollar amount requested
- Previous support from the Bennie and Martha Benjamin Foundation
- Support received by other funding sources

NARRATIVE

1. ORGANIZATIONAL INFORMATION

- a) Brief statement of department's mission and goals
- b) Description of current programs, activities and accomplishments

2. PURPOSE OF GRANT

- a) Statement of needs/ problems to be addressed.
- b) Description of target population and how it will benefit.
- c) Description of project goals and objectives (measurable, is possible) and statement as to whether this is a new or ongoing part of the organization's activities.
- d) Plans to accomplish the goals and objectives.
- e) Timetable for implementation, if applicable.
- f) Other organizations, if any, participating in the project and their roles.
- g) List names, qualifications (or resumes) and job descriptions of key staff and/or volunteers responsible for the project.
- h) Long-term strategies for funding this project at the end of the grant period.

3. EVALUATION

Describe plans for evaluation indicating how success will be defined and measured. Also, describe how evaluation results will be used and/or disseminated and, if appropriate replicated.

4. BUDGET FORMAT

Please use the budget format presented in the Proposal Attachment A as a guide in preparing a budget for the proposed activities.

5. SUBSTANTIATION OF NOT-FOR-PROFIT STATUS

Please attach proof of current Section 501(c)(3) status or government entity of the U.S. Virgin Islands.

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Budget Format – Attachment A

A. Beginning an ending dates of organization’s fiscal year	
B. Time period this budget covers (beginning and ending dates)	
C. Show amounts for the following expense categories, if applicable	
	Amount
▪ Specific salaries by job title (specific number of full time)	
▪ Payroll taxes	
▪ Fringe benefits	
▪ Consultations/professional fees	
▪ Travel	
▪ Equipment	
▪ Supplies	
▪ Printing/Copy	
▪ Telephone/fax	
▪ Postage and delivery	
▪ Rent	
▪ Utilities	
▪ Maintenance	
▪ Evaluation	
▪ Other (specify)	
▪ Total Expenses	
D. Revenue	
Describe specific sources and amounts for the following, categories. Please indicate whether sources of revenue and committed, pending or anticipated.	
1. Grants and Contracts	
▪ Local government	
▪ Federal government	
▪ Foundations (specify)	
▪ Other (specify)	
2. Other Income	
▪ Individual contributions	
▪ Other (specify)	
3. In-Kind Support	
4. Total Revenue	