



APPLICATION GUIDE

This Application Guide is meant to be used for reference when preparing information and documentation for your application. Applications can only be submitted online at www.BessieMinorSwift.org so we recommend having all requested information ready before starting your application online.

Bessie Minor Swift Foundation
Grant Application Guide

CONTACT INFORMATION

Full Name:

Title:

Email:

Phone:

APPLICANT INFORMATION

Full Legal Name of the Organization:

Doing Business As (“DBA”), if applicable:

Organization Physical Address:

Applicant mailing address, if different from above:

Organization Website:

Operating District:

- Washoe County, NV
- Ada County, ID
- North County Area of San Deigo, CA

Please enter your EIN:

Is the applicant an IRS 501(c)(3) nonprofit? If yes, please attach a copy of your IRS tax determination letter.

- Yes No

If no, please attach documentation of your status as a government entity (see instructions on page 4):

WRITTEN RESPONSE

Requested amount (\$500 - \$5,000):

\$0.00

Program/Project Summary: In 50 words or less, please provide a brief description of your project/program.

Objective: In 300 words or less, please describe the project objectives. Please include:

1. What strategy will you use to achieve the objectives?
2. Approximately, how many students will benefit from this program/project this year, and if applicable, in future years?

Program Timeline: in 150 words or less, please describe the project/programs timeline. Please include:

1. Total duration of the project, including start and end dates (if applicable)
2. If the project spans over multiple years, provide a brief breakdown of how many students are impacted each year

Budget: What is the budget for the project? Specifically, how will Bessie Minor Swift funds be used and what (if any) are other sources of funding?

Additional Information: What else would you like the Bessie Minor Swift Foundation to know? (*Optional*)

Optional: Feel free to include any materials that help describe the Program/Project (brochures, annual reports, flyers, etc.)

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INSTRUCTIONS

POINT OF CONTACT INFORMATION

- **Point of Contact Name** — Enter the name of person who will be the main point of contact.
- **Point of Contact Title** — Enter the title of the person who will be the main point of contact.
- **Point of Contact Email** — Enter the email of the person who will be the main point of contact.
- **Point of Contact Phone** — Enter the phone number of the person who will be the main point of contact.

APPLICANT INFORMATION

- **Legal Name of the Organization** – Enter the name of the prospective prize recipient as shown in IRS records.
- **Doing Business As (“DBA”)** – Enter the name of the business that operates under the legal name of the organization, if applicable.
- **Organization Address** – Enter the physical address for the organization.
- **Applicant Address** – Mailing address, if different from Organization address.
- **Website** – Enter the website for the organization, if applicable.
- **Operating District** – Please specify if the Organization and/or address where the program is being implemented are located within one of the following districts: Washoe County, NV; Ada County, ID; or North County Area of San Diego, CA.
- **Is the applicant an IRS 501(c)(3) nonprofit?** – Indicate whether the applicant is recognized as a 501(c)(3) organization.
- **EIN** – Enter the EIN for the applicant organization.
- **Status as a government entity** – We are requesting written proof of your status as a government entity. Examples of supporting documentation may include a letter from an authorized government official or a copy of the legislative act creating a government body. Public schools may request a free [Government Information Letter](#) to show that they are exempt from federal tax.

WRITTEN RESPONSE

- **Requested Amount** – Please enter the amount of funds requested for the project/program (between \$500 and \$5,000).
- **Program/Project Summary** – In 50 words or less, please provide a brief description of your project/program.
- **Objective** – In 300 words or less, please describe the project objectives, and what strategy will you use to achieve the objectives as well as how many students will benefit from this project. We strongly encourage applicants to align their project description/objectives to the evaluation criteria outlined on the website (e.g., fit with mission, creativity, need, etc.).
- **Program Timeline** – in 150 words or less, please describe the project/programs timeline. Including, the total duration of the project, including start and end dates (if applicable) and if the project spans over multiple years, including a brief breakdown of how many students are impacted each year.
- **Budget:** What is the budget for the project? Specifically, how will Bessie Minor Swift funds be used and what (if any) are other sources of funding?

ATTACHMENT CHECKLIST

- All required documents (e.g., Tax Determination letter or other documentation that show exempt status).
- Additional documents you wish the selection committee to have that help describe the Program/Project.