Please email the following to [grants@parasol.org](mailto:grants@parasol.org) no later than **4:00 p.m. on Friday, March 15, 2024:**

* Completed application
* Project/program/service budget
* IRS tax determination letter

Late or incomplete applications will not be accepted.

All applicants will receive a grant determination letter by June 15, 2024.

If you have any questions regarding this application or process, please contact Laura Roche at [grants@parasol.org](mailto:grants@parasol.org)or775-298-0190.

**Legal Name of Organization:**

**Mailing Address:**

**City, State, Zip:**

**Executive Director:**

**Phone:**       **Email:**

**Contact Person (If other than Executive Director):**

**Phone:**       **Email:**

**Tax ID#**

**Mission Statement:**

**List Entire Geographic Region Served:**

1. **Project/Program/Service Proposal Summary:**
2. **Please provide a brief summary of the proposed project/program/service for which you are requesting funding.**
3. **Please provide an explanation and evidence of the need that your organization will address with the proposed project/program/service.**
4. **Please indicate the amount of funding requested for the proposed project/program/service**.       **Please include a budget with your submission**
5. **Please list additional funding sources for the proposed project/program/service**.
6. **Project/Program/Service Proposal Logistics:**
7. **Please indicate the timeline to implement the project/program/service.**
8. **Please list the main goals of the project/program/service, including the projected number of people to be served, when applicable.**
9. **How will** **you measure the outcomes of the project/program/service?**
10. **Board Giving: All board members make a personal financial gift to your organization’s operating fund annually: Yes**  **No**  **If no, please provide an explanation here:**
11. **Other Comments:**

**5. Certification:**

**This signature certifies that the grant-seeking organization retains its stated tax-exempt status, and further certifies that this status is not in danger of being revoked. In addition, this signature affirms that the Parasol Tahoe Community Foundation has not received any goods or services in conjunction with this request, and that all information provided is true and correct to the best knowledge of the signer.**

**Applicant Organization:**

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Authorized Signature Date

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Print Name Print Title