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Organizational Information

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* Required before final submission

The purpose of this form is to capture initial information from your organization about a potential funding partnership. Once submitted, this information will be reviewed by our team who will determine if a full application is needed.

Thank you for taking time to share your work with us. We look forward to learning more about your organization and goals. As you begin this application, **please follow these navigational tips:**

- When returning to a previous page of your application, **DO NOT USE YOUR BROWSER BACK BUTTON**, as you could lose any unsaved information.
- The check mark icon indicates spell check is enabled for that field, click the icon to spell check your entry.
- Use the tab key or your mouse to move between fields.
- Please use the Section Tabs at the top of each page (or "Next" at the bottom of each page) to navigate through the application.
- If you are not ready to submit your application, click "Save & Finish Later" at the bottom of the screen.

* Organization Name

Organization Legal Name

If your doing-business-as (DBA) name is different than your legal name, or if you have a fiscal sponsor please note that here:

* Address



* City

* State

- Select One - ▾

* Zip Code

Country

* Organization Main Phone

Please format as (###) ###-####.

* Organization Web Address

E-mail Address

General email address for the organization

* Please enter your Employer Identification Number (EIN), your federal tax ID. ⓘ

Please format as xx-xxxxxxx.

Re-enter your EIN number.

Please provide your organization's mission statement.

Please limit to 100 words



* What is your organization's annual budget?

No \$ sign needed. Please format as (xx,xxx).

Number of full-time employees (equivalent)

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Contacts

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Organization Leader - CEO, Executive Director or similar

* Prefix	* First Name	* Last Name
- Select One - ▾	<input type="text"/>	<input type="text"/>
	Suffix	
	<input type="text"/>	
* Title	* Direct Phone	Extension
<input type="text"/>	Please format as (###) ###-####.	<input type="text"/>
	<input type="text"/>	<input type="text"/>
* E-mail		
<input type="text"/>		

Grant Contact - Primary contact for the grant

Please check here if contact is the same as above

* Prefix	* First Name	* Last Name
- Select One - ▾	<input type="text"/>	<input type="text"/>
	Suffix	
	<input type="text"/>	
* Title	* Direct Phone	Extension
<input type="text"/>	Please format as (###) ###-####.	Please use Numbers only.
	<input type="text"/>	<input type="text"/>
* E-mail		
<input type="text"/>		

Application Contact - Individual completing this form (if same as grant contact, please skip)

Prefix	First Name	Last Name
<None> ▾	<input type="text"/>	<input type="text"/>
	Suffix	
	<input type="text"/>	
Title	Direct Phone	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail		
<input type="text"/>		

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Request Information

* Required before final submission

* Which of the Foundation's funding priorities best align to your opportunity? 
Please select one from the dropdown menu.

- Select One - 

* What type of funding are you requesting? 
Please select one from the dropdown menu.

- Select One - 

* TOTAL Amount Requested

No \$ sign needed. Please format as (xx,xxx).


* Is this a Multi-Year Request?

Please select Yes or No.

<Select One> 


If this is a Multi-Year Request, how many years of funding are you requesting?

Please select from the drop down box.

One 

* Proposal Title: What should this opportunity be called?

In a few words, please tell us how we should refer to your proposal. Such as a specific project or program name, campaign or simply "General Operations."

* Proposal Overview: Please briefly describe how funds will be used. 

Please provide a one to two sentence description of the purpose of this grant (the "brass tacks"). For general operations you may state "General Operations."

Word count 0 of 100

* Proposal Detail: Please share with us specifics about your proposal.

Please share why this is important and key details about what you're going to do, how you might do it and who will benefit. For this initial stage, please limit to 500 words. If you need more space, or already have something on-hand describing your project please feel free to attach as a document in the attachments tab and just note that here.

Word count 0 of 500

* Priority Alignment: How will your proposal address the opportunities and challenges detailed in the Carlson Family Foundation funding priority you are applying for?

Please refer to the details for our funding priorities listed on our website.


What is the total budget for the project/program you are requesting funding? 

No \$ sign needed. Please format as (xx,xxx). Not required for general operating support.

Additional Details

* What geographic area(s) does this request primarily serve, including the percentages for each area?

Please be as specific as possible

- Select One -  0 %

- Select One -  0 %

- Select One -  0 %

- Select One -  0 %

- Select One -  0 %

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Authorization

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Affirmation of Nondiscrimination

I affirm that our organization advocates, supports and practices activities consistent with Carlson Family Foundation's nondiscrimination policies. We do not discriminate or harass on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, marital status, age, disability, veteran status, or any other legally protected classification. We will provide documentation demonstrating that this organization complies with the above statements, if requested by the Carlson Family Foundation.

Please select Yes or No

<Select One> ▾

Authorization

By submitting this online application, you are confirming that you have authority to submit this application and that you have the support of the organization's leadership and/or board.

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Attachments

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No attachments are required, but if you would like to include something please do so here.

NOTE: Our system can only accept files with the following extensions: doc, docx, xls, xlsx, pdf

INSTRUCTIONS FOR ATTACHING AND UPLOADING FILES:

1. Select the file you are attaching using the "Title" drop down box.
2. Click "Browse" to locate the file in your computer system.
3. Select the file and click "Open" - notice that your file name will appear.
4. Click "Upload" to attach each file to your online grant application individually.
5. Repeat steps 1-4 for each attachment.

Upload

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat") cannot be uploaded.

Title:

File Name: