

Send completed applications to:

*Crocker Catalyst Foundation*

Att: Lisa Meiling

6900 S. 900 E. Suite 230, Midvale, UT 84047

Or Lisa@sdihq.com

Please submit applications by one of the following deadlines: January 1st, April 1st , June 1st or September 1st. Applicants will be notified by email of the decision.

**Include the following with your application:**

1. A list of the Board of Directors and Officers
2. A project budget for the specific project for which funding is being requested
3. A copy of the organization’s 501(c)(3) determination letter from the IRS (Unnecessary for cities, public schools, or other municipalities)
4. The most recent audited financial statement and annual operating budget which clearly delineates the percent of budget used for fund raising and administrative costs
5. Any pamphlets/brochures or other information descriptive of the organization (optional)
6. If a restoration or construction project is intended, please provide photographs or architect’s rendering
7. Letters of support
8. Other documents that may help us understand your project or organization better. (optional)

# Applicant Information:

# Name of Organization:

Name listed on 501-(c)(3):

Address:

Phone: \_\_\_ Fax:

Primary Contact Person: Title:

Phone: e-mail:

Secondary Contact Person: Title:

Phone: \_\_\_\_ e-mail:

CCF Board Contact (optional) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

URL Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Founding Date \_\_\_\_\_

**Description and mission of organization:**

**Name of proposed project**:

**Amount requested**:

**Total cost of the proposed project:**

**Description of the project/program for which funding is being requested:**

**If awarded the full request, describe how the funds would be used:**

**Description of the target population and number of people served by this project:**

**Project timetable (start and end date):**

**Number of volunteers your project will utilize**:

**Number of paid staff employed by your organization**:

**List key staff positions and salaries:**

 Position Salary

**List each potential public and private major donor, including amount for this project:**

 Name Amount

**List each committed major donor, including amount received or pledged, for this project:**

 Name Amount

**Describe the proposed method of evaluating the program’s effectiveness and past performance (if applicable):**

Have you ever received support from the Crocker Catalyst Foundation, if so, please list the three most current periods of funding.

 Year Amount

**Have you been evaluated by Charity Navigator or similar organization? (i.e. Better Business Bureau, National Charities Information Bureau, etc.)**

Do you meet all standards?

**Organizational Classification:**

Age Group Served

 Ethnicity

 Gender

 Geographical Area

 Organization Type

 Population Served

**Annual Operating Budget:**

**Annual Operating Budget Summary**:

 Previous year Current Year

 (Actual) (Projected)

 **Revenues**

 Public support

 Zoo Arts & Park Tax

 United Way

 Federal

 State (Trust Lands)

 City

 County

 Other

**Total public support \_\_\_\_\_\_\_\_\_\_\_\_**

## Private support

 Foundations

 Individuals

 Corporations

 Fundraisers

 Other

**Total private support \_\_\_\_\_\_**

**Earned Income (i.e. ticket**

**Revenue, Interest, fees, etc.)**

**Total Revenues**

## Expenses

 Fundraising & Administrative

 Salaries and benefits

 Building, rent & Maintenance

 Advertising

 Supplies

 Disbursements for tax-exempt

 Purpose

 Other

**Total Expenses \_\_\_\_\_\_\_**