

Wells Fargo Philanthropic Services Grant Application Instructions



Wells Fargo Philanthropic Services provides grant administration services for various foundations. Guidelines, deadlines, and submission requirements are unique to each foundation.

Please visit our website wellsfargo.com/privatefoundationgrants for specific details prior to applying for a grant.

General criteria and limitations

- Qualifying tax-exempt 501(c)(3) organizations are eligible to apply for grants consistent with the purpose of the foundation to which they are applying.
- Applicants may be required to submit additional information regarding their current tax-exempt status if they are otherwise deemed eligible to receive grant funds.
- Applicants that have previously received funds must be in good standing with respect to any required status reports or other conditions imposed before submitting a new proposal.

Instructions

- All form fields are required unless marked as optional.
- Use correct grammar and do not use all capital letters.
- Format dollar amounts with a dollar sign and comma where appropriate. Do not include cents. Example: \$5,000
- Do not submit attachments unless specifically requested.
- Return this application via email to grantadministration@wellsfargo.com.

After you apply

- Applicants will receive an email acknowledging receipt of their application.
- If a grant is approved, the grantee may be required to sign and return a grant agreement prior to receiving funds.
- Progress reports and completion reports may also be required for approved grants.

Contact Us

Questions? Visit our website wellsfargo.com/privatefoundationgrants or contact us at grantadministration@wellsfargo.com or 1-888-234-1999.

Wells Fargo Philanthropic Services Grant Application Form



1. Name of foundation from which you are seeking funds

Tax exempt status

2. Federal taxpayer identification number
3. Organization name per Internal Revenue Service records
4. Fiscal agent or sponsor
Note: If any grant funds awarded would be used by an entity other than the tax-exempt organization identified above, describe the relationship between such other entities and the identified organization.
5. Tax exemption date
6. Entity type
Note: Enter the Internal Revenue Code sections describing the organization's tax-exempt status as recognized by the Internal Revenue Service. For example, IRC Sections 501(c)(3) and 509(a)(2).
7. Additional exemption status comments (optional)

Contact information

8. Organization name
Note: Enter the full legal name of the organization to be contacted regarding this application. If this name differs from the name on file with the IRS for the taxpayer identification number provided at the beginning of this application, please explain (e.g., "applicant organization is one of multiple chapters covered under a group tax exemption for the taxpayer ID provided").
9. Also Known As/Doing Business As
Note: If the organization is known by other names, enter each such name below.

10. Mailing address

11. Physical address (if different from mailing address)

12. Main phone number

13. Website

14. Email address for general inquiries

Primary request contact

15. Prefix

16. First

17. Middle initial (optional)

18. Last

19. Title

20. Email

21. Office phone

Request summary

22. Requested amount

23. Type of support (choose one)

Building Repair & Improvement

Capital Fund Support

Capital Purchases

Challenge Grant

Endowment

General Operating Support

Project / Program Support

24. Request/project title

25. Request summary

Note: Describe specific purposes for which any grant funds awarded from this foundation will be used (e.g., specific equipment, overall project funding, etc.). Limited to 1,000 characters.

26. Common goals

Note: Why do you believe a grant to your organization would further this foundation's mission and priorities of our foundation? Limited to 1,000 characters.

Demographics

27. Program area (choose one)

Arts, Culture, and Humanities

Education

Environment/Animals

Health

Human Services

International/Foreign Affairs

Public/Society Benefit

Religion

28. Geographic area served

29. Population served (choose one)

- | | |
|--|----------------------------------|
| General Population - General/Unspecified | Alcohol, Drug, Substance Abusers |
| Poor, Economically Disadvantaged, | At-Risk Populations |
| Indigent | Elderly and/or Disabled |
| Homeless | Families |
| Unemployed, Underemployed, Dislocated | Immigrants, Newcomers, Refugees |
| Health or Disability - General/Unspecified | LGBTQ |
| People/Families of People with Health | Offenders, Ex-Offenders |
| Conditions | Victims |
| Other Health / Disability | Other Named Groups |

30. Age group served (choose one)

- | | |
|-------------------------------------|-------------------------------|
| General/Unspecified | High School Age (14-18 years) |
| Combination of Children's Ages | Adults (18+ years) |
| Infant to Preschool Age (0-5 years) | Seniors (65+ years) |
| Grade School Age (6-13 years) | |

31. Gender served (choose one)

- General/Unspecified
- Males Only
- Females Only

32. Demographics comments (optional)

Project detail

33. Describe the objectives of the project or program to be funded.

Note: Limited to 1,000 characters.

34. Describe the implementation plan for the project or program. Include at least three specific actions your organization will take in order to achieve results.

Note: Limited to 1,000 characters.

35. What criteria does (or will) your organization use to measure the success of the project or program?

Example: Of the 400+ persons we serve/reach, we anticipate that approximately 200 will benefit in the manner described below, whereas without our program no more than 50 might reasonably have been expected to achieve the same result. This expectation is based on statistics from prior similar projects we have successfully conducted. Note: Limited to 1,000 characters.

36. Collaboration

Note: Briefly describe any formal or informal collaborative ventures your organization has established (or will establish) with other entities serving similar purposes that may be relevant to this grant request. Limited to 1,000 characters.

37. Background

Note: If this grant request relates to an ongoing project or program, how long has the project or program been operating? Limited to 1,000 characters.

38. Project start date

Note: If a grant is awarded, when does your organization anticipate being able to begin using the funds for the requested purpose?

39. Project end date

Note: If a grant is awarded, when would the requested funds likely be exhausted?

40. Timeline

Note: Provide any other relevant dates relating to the project or program for which grant funds would be used (milestones, interim check-ins, etc). Limited to 1,000 characters.

Project finances

41. Project budget total in U.S. dollars

42. Project budget detail

Note: Provide a concise budget for the project listing major expense categories (if requesting general operating support, enter "not applicable").

43. Other project funding

Note: List other sources that may fund this project. Include other pending grant requests, providing entity name, amount requested, and current status of each. If these sources do not fully fund the project, what other sources of funding will your organization pursue?

Organization details

44. Organization type (choose one)

Note: Select the classification that best describes your organization's primary purpose.

Arts, Culture, and Humanities

Human Services

Education

International/Foreign Affairs

Environment/Animals

Public/Society Benefit

Health

Religion

45. Mission

Note: Briefly summarize your organization's current mission. Limited to 1,000 characters.

46. Board members

Note: List your organization's current board members, officers, and trustees, as applicable. Example: Board Member's Full Name, Title at Your Organization, Name of Other Employer & Professional Title (if applicable)

47. Number of paid staff, full-time

48. Number of paid staff, part-time

49. Number of volunteers

Organization finances

Current fiscal year finances

50. Total annual budget

51. Organization budget detail

Note: Provide a brief budget for your current fiscal year that breaks down the above overall total by category. (Suggested categories: program services, salaries, fundraising, capital improvements, equipment, recruiting, etc.). One budget item per line.

52. Budget changes

Note: Summarize any significant changes in your current year budget since initially established.

53. What percentage of your budget is allocated to administrative expenses?

Prior fiscal year finances

Note: Complete the following sections using information included on your organization's most recently filed tax return. Enter "N/A" for items that are not applicable. If your organization does not file a tax return, use information from its most recent financial statement.

54. For fiscal year ending

55. If your organization did not file a tax return for its prior fiscal year, explain why

56. Revenue

- a. Individual donations
- b. Grants from related organizations
- c. Government grants or contributions
- d. Program service revenue
- e. Investment income
- f. Other revenue
- g. Total revenue

57. Expenses

- a. Program services
- b. Administration
- c. Fundraising
- d. Other expenses
- e. Total expenses
- f. Revenue less expenses

58. Net assets or fund balances

- a. Total assets
- b. Total liabilities
- c. Net assets or fund balances

59. Additional finance-related comments (optional)

Note: Limited to 1,000 characters.

Certification

I certify that the information contained in this grant application is true and correct to the best of my knowledge.

Name

Title

Date