

DUPAR FOUNDATION

PO Box 2060
North Bend, Washington 98045
425-831-1505 phone
425-831-1509 fax

APPLICANT INFORMATION/GUIDELINES

The Dupar Foundation is a non-operating private foundation as defined by section 509 of the Internal Revenue Code. It is restricted to making grants and contributions to qualified organizations and institutions within the State of Washington.

Among those activities and functions **not** supported by the Foundation are the following:

- a. Art programs
- b. Hungry/Homeless programs
- c. Assistance or grants to individuals, except as participants chosen by a supported institution in an organized scholarship program. This foundation exercises no direction in the selection of recipients of scholarships supported by funds granted to such educational institutions.
- d. Voter registration or efforts to influence any election
- e. Expenditures for non-charitable purposes
- f. Annual community chest, United Way or other similar campaigns other than in King County
- g. Projects incurring obligations extending over many years which would inhibit alternate support, and limit the foundation's grant flexibility
- h. Endowments
- i. Capital campaigns
- j. Production of books, films or videos
- k. Conferences, seminars or attendance at same
- l. Groups raising money for school-related tours
- m. Environmental issues
- n. PTA/PTSA

STATEMENT OF PURPOSE

The purpose of the foundation shall be to financially aid those qualified organizations in their efforts to improve the life of the people of the State of Washington, and in particular those residing in the **Greater Seattle, King County area.**

GRANT GUIDELINES

The Foundation makes grants primarily to qualified charitable, religious or educational organizations, rather than to public institutions. No grants are made to individuals. Trustees' interests at the present time include support of the following:

- Youth development
- Educational scholarships and support of private educational institutions
- Assistance to the elderly and disabled
- Health and medical research programs

FINANCIAL GUIDELINES

The limits on individual grants in a single year are:

1. 10% of project operating budget, including private, public and Government funds

ATTACHMENTS REQUIRED:

1. Original, plus one copy of three page application form
2. IRS letter evidencing tax exempt status / 501 C3
3. Copy of 990
4. Balance Sheet/Statement of Financial Position

DUPAR FOUNDATION

GRANT APPLICATION

Date: _____

ORGANIZATION INFORMATION

Name: _____

Address: _____

Chief Executive : _____

Contact Name: _____ Title: _____

Telephone #: _____ Fax #: _____ E-mail Address: _____

Year Incorporated: _____

Is the organization name the same as it appears on the IRS Letter of Determination?

____ Yes ____ No: if not explain: _____

SOURCE OF ORGANIZATION'S INCOME
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Total operating budget for current fiscal year: \$ _____

Fiscal Year: From _____ to _____

- Federal _____ %
- State/Local _____ %

Sub Total: _____ %

- Fees/Earned Income _____ %
- Individual Contributions _____ %
- United Way _____ %
- Corporate and/or Foundation Grants _____ %
- Workplace Campaigns (not United Way) _____ %
- Special Events _____ %
- Memberships _____ %
- Other _____ %

Total: = 100 %

Date : _____

PROPOSED PROJECT INFORMATION

PROJECT NAME: _____

AMOUNT REQUESTING: _____ Percent of Total*: _____ %
**No more than 10% of total project cost*

- A. Total project costs: _____
- B. Number of clients served: _____
- C. Cost associated per client (*a divided by b = c*): _____
- D. Fees from client (if applicable): _____

List other potential and actual sources of support for this project (put an * by those committed; note any matching fund requirements):

<u>AMOUNT</u>	<u>FUNDER</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Geographical area program serves? _____

How does your proposal benefit the community? _____

Date funds needed by: _____ Grant period: From _____ To _____

GENERAL PURPOSE OF ORGANIZATION (*brief*):

SPECIFIC GRANT REQUEST (*brief*):

PLEASE SUBMIT THE FOLLOWING INFORMATION ABOUT YOUR ORGANIZATION. LIMIT THE LENGTH OF YOUR ANSWERS TO NO MORE THAN ONE PAGE PER QUESTION.

1. BACKGROUND OF APPLYING ORGANIZATION

Include mission statement and purpose, history of accomplishments, governance, area and population served; qualifications for embarking on proposed project. *(If this is a collaboration, describe the lead agency and its relation to other organizations involved.)*

2. PROBLEM STATEMENT

Identify the problem or problems the project will address and the people who will benefit. Acknowledge similar projects or programs, if any, and explain how the proposed project differs; or how this project enhances existing projects.

3. PROJECT GOALS & OBJECTIVES, IMPACT, FUTURE FUNDING

Determine what will be accomplished; anticipated outcomes; as well as the anticipated impact on participants, and how your results will be measured.