Standard Application

The Norcliffe Foundation

Instructions

This application is for a request of $50,000 or less that fits within our grantmaking guidelines.

*Please complete the following questions concisely and avoid repeating information. Bullet points are encouraged. Character counts include spaces. An * indicates required fields.*

All file uploads require a PDF document.

Heads-up! At the end of the application, we'll ask you about how long it took for you to complete.

Organizational Information & Request

Organizational Mission Statement*
Enter your organization's mission statement.

Character Limit: 500

Fiscal Sponsor*
Does your organization use a fiscal sponsor?

Choices
No
Yes

Organizational Legal Name
(if different)

Character Limit: 100

IRS Ruling Date*
Indicate the year your organization (or fiscal sponsor) received 501 (c)(3) status.

Character Limit: 4

Primary Impact Area*
Please select the *primary* program area for your organization.

Choices

Arts & Culture
Civic & Community
Education
Healthcare
Human & Social Services

Primary Program Focus*

Select the *primary* program focus of your organization. Please choose only one.

Choices

Academic Enrichment/Support
Addiction Recovery
Adoption & Foster Care
Aging Care
Animal Welfare
Civic Involvement
Climate Change
Clinic/Hospital
Conservation & Preservation
Crisis Intervention
Dental
Early Learning
Economic Opportunity
Employment Training & Workforce Development
Family Support
Food Access/Security
Housing & Homelessness
K-12 Private Education
K-12 Public Education
Legal & Advocacy Services
Libraries
Media
Medical Research & Innovation
Mental & Behavioral Health
Museums
Parks & Community Centers
Performing Arts
Post Secondary Education
Religious or Faith-Based Services
Service Animals
Visual Arts
Youth Development

Secondary Program Focus

You may list up to four secondary program areas that your organization addresses. They may be from the list above or not included in that list.

Character Limit: 250

Primary Geographical Impact*

Please identify the *primary* county that will be impacted by this grant.

Please note: if your program does not impact one of these areas, you are outside of our geographical guideline.

Choices
Island
Jefferson
King
Kitsap
Mason
Pierce
San Juan
Skagit
Snohomish
Thurston
Whatcom

Full-Time Staff*

How many paid full-time employees or contractors does your organization have? If none, please enter "0".

Character Limit: 5

Part-Time Staff*

How many paid part-time employees or contractors does your organization have? If none, please enter "0".

Character Limit: 3

Project Name*

If your organization is requesting funds for a specific project, program, or campaign, please enter the name of the project, program, or campaign .
If you are requesting funds for general operating, please enter "General Operating" as the Project Name.

Character Limit: 100

Brief Summary*

Please provide a sentence or two about your request.

Character Limit: 400

Amount of this Request*

Character Limit: 20

Funding Type*
Choices

Capital or Comprehensive Campaign
General Operating
Program or Project Support
Capacity Building

Request Description*

Describe your organization and the types of programs and services you offer. **How do you propose to use funding?** If this request is for a specific program or project, please tell us about that work and how it aligns with your mission.

Most responses are between 3,500 and 8,000 characters.

Character Limit: 10000

Organizational Changes

Are there any significant changes to your organization, programs, leadership, or structure that have been recently made or that you anticipate? If yes, please briefly describe.

Character Limit: 1500

Financial Information

Operating Budget*

Please enter the total amount of your organization's annual operating budget.

Character Limit: 20

Project Budget*

If you are NOT applying for general operating dollars, please insert the amount of the total project, program, or campaign budget. If you are applying for general operating dollars, please put "0" in the box below.

Character Limit: 20

Philanthropic Goal*

Please insert the *private philanthropy* fundraising goal for your program, project, campaign, or annual budget (for general operating requests). Do not include grants, contracts, or tax-credits from government entities or any earned revenue.

Character Limit: 20

Amount Raised Towards Goal*

How much has your organization secured (received or pledged) towards the private philanthropy goal?

Character Limit: 20

Fundraising Plan*

What are your potential and actual sources of philanthropic support? Where do you expect to find future support? If your request is for a program, project, or campaign, please include information specific to that request. For general operating requests, include information about your annual fundraising goal.

Please upload a list of major funding received, pending, denied, or planned (underlined the source and amount for each). Be as specific as possible, but please limit your list to no more than two pages. What constitutes a "major" contribution is defined by the organization and can be any internally determined threshold/dollar amount.

A sample can be found on our website, but the information is not required to be in that format.

Character Limit: 2000 | File Size Limit: 2 MB

Other

Anything Else?

Is there anything else you would like us to know about your work or proposal? You may complete the narrative and/or upload a relevant attachment.

Character Limit: 2000 | File Size Limit: 4 MB

Feedback

Application Form Feedback

We value feedback from our applicants as an important part of improving our work and processes.

Please use this space to share any feedback you may have regarding the application process and our online system. We also welcome your review on GrantAdvisor.org.

As always, please feel free to contact us with any immediate questions or comments.

Character Limit: 1000

Time*

About how long did it take you to complete this application?

Character Limit: 25