

Allianz Life Corporate Giving Program Grant Application Cover Sheet

Please provide the following information in the order indicated below. You may generate this cover sheet on your computer, typewriter or download it from our web site. The maximum application length including this cover sheet, narrative, and budget should be no more than eight pages (which does not include required attachments).

Allianz Life's Corporate Giving Program does not fund fiscal agents or make grants for general operating or capital support.

General Information **Date of application:** _____

Name of organization as stated in IRS tax exempt letter

City, State, Zip	Telephone	FAX
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Name of top paid staff	Title	Telephone	FAX	E-Mail Address
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Contact person <small>(If different from top paid staff)</small>	Title	Telephone	FAX	E-Mail Address
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Is your organization and IRS 501 (c) (3) not-for profit? Yes ___ No ___

If no,
is your organization a public agency/unit of government or religious institution? Yes ___ No ___

Section of the IRS code that applies to your organization: _____

Project Summary

Project/Program name: _____

Geographic area served: _____

Population served: _____

The dollar amount requested: \$ _____

Previous Allianz Life grants: \$ _____

Total annual organization budget: \$ _____

Total project/program budget: \$ _____

Authorization

Name of top paid staff and/or Board Chair

Signature

Narrative

Organization Description

- Organization's mission, goals, objectives
- Brief history of organization, major accomplishment
- Organizational structure: responsibilities of board, staff, volunteers
- Significant changes within the last 24 months
- Organization's current programs and activities
- Ethnic and client population served (ex: women; children/youth; families; etc.)
- Number of people served per year for entire organization
- Do you serve low-income people?
- If yes, please provide percentage

Project/Program Description

- Statement of issues to be addressed; description of the population to benefit
- Description of project/program's goals and objectives
- How the project fits with the guidelines of Allianz Life's Corporate Giving Program
- Project activities and timetable
- Long-term strategies for funding this project beyond this grant period
- Use of volunteers and volunteer opportunities for Allianz Life employees
- Do any Allianz Life employees currently volunteer with your organization? If yes, please provide their names.
- Responsibilities of Program Staff

Evaluation

- Expected outcomes
- Measurement criteria for programs
- How evaluation results will be used and/or disseminated

Checklist of Attachments

Please also provide the following documentation along with your official grant application:

- Complete budget form for the organization and the project/program
 - IRS tax exempt letter
 - List of officers and directors of the organization and their affiliation
 - Latest Annual Report, if available
 - Financial statements from your most recently completed fiscal year, whether audited or unaudited
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Organization Budget (Sample)

Budget for the period _____ to _____

Income

Source

Amount

Support

Government grants & Contracts	\$ _____
Foundations	\$ _____
Corporations	\$ _____
United Way or other federated campaigns	\$ _____
Individual contributions	\$ _____
Fundraising events & products	\$ _____
Membership income	\$ _____
In-kind support	\$ _____

Revenue

Earned Income	\$ _____
Other (Specify)	\$ _____

List Top Five Donors

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Income

\$ _____

Expense

Item

Amount

% FT/PT

Salaries & wages (for project budgets, breakdown by individual position and indicate full or part time)	\$ _____	_____
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\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Subtotal

Insurance benefits & other related taxes	\$ _____	_____
Consultants & professional fees	\$ _____	_____
Travel	\$ _____	_____
Equipment	\$ _____	_____
Supplies	\$ _____	_____
Printing & copying	\$ _____	_____
Telephone & FAX	\$ _____	_____
Postage & delivery	\$ _____	_____
Rent & utilities	\$ _____	_____
In-kind expenses	\$ _____	_____
Other (specify)	\$ _____	_____
Total Expense	\$ _____	_____

Difference (Income less expense)	\$ _____	_____
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