



Quilter's Guild of Dallas, Inc.
305 Spring Creek Village, Box 521
Dallas, TX 75248-5711
<http://www.quiltersguildofdallas.org>

QGD Grant Application Cover Sheet

Tab to each section to complete forms. Please mail with your proposal and attachments.

Grant Award Year – 2010

Grant Amount Requested _____

Contact/Coordinator Name _____

Organization/Group Name _____

Mailing Address _____

City _____ State _____ Zip (9 digit) _____

Phone _____ Email _____

Project Title _____

Project Start Date _____ Project Completion Date _____ **OR**

Check if Project is Ongoing

Project Website _____

Local Newspaper _____

Address _____

Contact Person _____ Email _____

For Office Use Only

Award Amount _____ Date Recipient Notification Mailed _____

Receipt of Signed Grant Award Contract _____

Interim Report Due _____ Date Received _____

Final Report Due _____ Date Received _____

Check # _____ Mailed _____ Amount _____

Check # _____ Mailed _____ Amount _____



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Part I – Financial Status Designation

Name and Address of Individual or Group Applying for Grant

Name _____

Address _____

City _____ State _____ Zip (9 digit) _____

Note: You do not have to be tax-exempt to apply for a grant. However, we are required to report to the IRS, the amount of grant monies awarded. Please check one of the following designations and fill in the appropriate tax information:

_____ Organization with recognized Internal Revenue Service 501(c)(3) tax exempt status. A Copy of your IRS determination letter must be included with this application.
Tax ID# _____

_____ Organization/individual without tax-exempt status, but represented by a fiscal sponsor with recognized Internal Revenue Service 501(c)(3) tax exempt status. A copy of your fiscal agent's IRS determination letter must be included with this application.
Name of fiscal agent: _____
Address of fiscal agent: _____
Tax ID# _____

_____ Organization/individual without 501(c)(3) status whose activities, programs and projects conform to IRS definition of charitable, educational, or scientific activities.
Tax ID or Social Security Number _____

_____ Organization/individual without any tax exempt status as noted above. Social Security Number is required for tax reporting purposes _____

As a duly authorized representative of the above named organization/individual, I confirm that the above information is true and accurate. **If you are using a fiscal agent, this form must be signed by that organization/s duly authorized representative.**

Signature _____ Print Name _____

Title _____ Date _____



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Part II – Grant Award Contract Compliance:

I accept and will comply with the following QGD Grant Award Requirements:

- All information represented in this application is true and accurate.
- A final detailed report as to how grant monies were spent will be submitted no later than due date specified in Grant Award Contract.
- I understand that 50% of the award will be made upon QGD's receipt of the signed Grant Award Contract. (This contract is mailed to Grant Recipient upon notification of award.) The balance of the award is contingent upon the recipient's submission of an interim progress report as specified in the Grant Award Contract.
- Grant Recipient shall acknowledge the Quilter's Guild of Dallas, Inc. as being a funding sponsor of the project in all lectures, documentation, publicity, press releases, and printed material associated with this project. The following acknowledgment must be used: "The (organization/project) is funded in part by the Quilter's Guild of Dallas." Supporting evidence of these acknowledgements shall be included in the final report.
- If the project is not initiated and/or completed as proposed, notification will be mailed to the Quilter's Guild of Dallas, Inc. via certified mail and all funds awarded will be returned immediately.
- If a Grant Recipient makes money from a commercial product, which the grant has in any way underwritten, then said grant monies must be repaid to the Quilter's Guild of Dallas Endowment Project Fund. In such a case, an agreement would be reached by both parties prior to the awarding of the grant and would be contingent on actual profits realized from the commercial venture.
- To encourage objectivity in the selection process, members of the Endowment Committee prefer not to be contacted personally by Grant Applicants. Lobbying of the Endowment Committee by or on behalf of a Grant Application will result in the disqualification of the proposal in question.

Grant Funds are distributed to an individual or institution/organization without regard to race, color, creed, national origin, sex or handicap. Current members of the QGD Endowment Committee are not eligible to apply.

Applicant Signature _____ Date _____

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, _____

 Notary Public, State of _____

 Printed Name of Notary

My Commission Expires: _____



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Part IV – Budget

Please complete the following budget for your project. Do not enter anything in the shaded areas. Please note that we do not support expenses that would be considered general operating costs.

ANTICIPATED REVENUE	Column A AMOUNT	Column B QGD REQUEST	A + B TOTAL
My/Our own Contribution			
Cash Donations from Individuals			
Grant Requests			
In-Kind Donations			
Events and/or Admissions			
Product Sales			
Other Sources (please identify)			
TOTAL ANTICIPATED REVENUE			
ANTICIPATED EXPENSES	AMOUNT	USE OF QGD FUNDS	A+B TOTAL
Salaries			
Employee Related Expenses			
Contract Labor (individuals paid for their unique expertise for this project only)			
Consumable project supplies (i.e., material, thread)			
Office Supplies			
Travel and Mileage Reimbursement			
Postage and Delivery			
Printing			
Telephone, FAX, Internet Access			
Rent			
Utilities			
Maintenance			
Insurance			
Marketing Expense/s			
Other (Please identify)			
TOTAL ANTICIPATED EXPENSES			
NET PROFIT OR (LOSS)			



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Part V – Submission Requirements

LETTERS OF RECOMMENDATION:

Please include Two (2) letters of recommendation. Each letter must address the project for which you are applying as well as the author's knowledge of the qualifications of the project leader/s and their experience working with them.

NUMBER OF COPIES OF APPLICATION:

You must submit seven (7) copies (one original and six (6) duplicates) of the **complete application, including all required attachments**. Failure to supply the correct number of copies or an incomplete application submission, will result in elimination. A cover letter is not required, however, please include and identify each Part of the submission and attachments with tab separations to be collated as indicated below. DVD's CD's, Video or any other type of media cannot be returned.

METHOD OF SUBMISSION:

Submissions are **only accepted** through the U.S. Mail or overnight delivery services. Proposal submissions made via FAX or email will be eliminated.

APPLICATION CHECKLIST:

- _____ Cover Sheet
- _____ Part I, Financial Status, completed and signed
- _____ Part II, Contract Compliance, completed, signed and notarized.
- _____ Part III, Project Narrative (maximum 5 pages)
- _____ Part IV, Budget Form
- _____ Attachments, collated as follows:
 - "Proposal Narrative Continued", if added
 - IRS Determination Letter
 - Resume(s) of Project Leader/s and committee chairs
 - Two Letters of Recommendation

How did you learn about the QGD Grant Program? Please include the name of the individual, publication, website, or other source: _____

Mail completed application to: Quilters Guild of Dallas, Inc.
ATTN: Endowment Fund Chair
305 Spring Creek Village, Box 521
Dallas, TX 75248-5711

Applications MUST BE RECEIVED no later than midnight May 29, 2010