Shoshone Project Grant Application

Part 1: Prequalification Form

Please complete this short form. If your project aligns with our mission, we will follow up with an invitation to submit the full application. Thank you!

All forms and documents must be submitted to: info@shoshoneproject.com

Applicant / Organization Name:

Contact Name:

Phone Number:

Email Address:

1. Are you based in or directly serving Lincoln County, Idaho? (Yes / No)

2. Are you applying on behalf of a 501(c)(3) nonprofit organization? (Yes / No) If not, explain your status:

3. What area does your project focus on? (Check all that apply)
   - Food security
   - Youth or family services
   - Other (please describe):

4. Brief description of your project (2–3 sentences):

5. Estimated amount you plan to request:

Please email your completed prequalification form to info@shoshoneproject.com. We will respond within 2 weeks.

Part 2: Full Grant Application (By Invitation Only)

Section 1: Applicant Information

Organization Name:

Primary Contact Person:

Mailing Address:

Phone:

Email:

Website (if applicable):

Tax Status: ☐ 501(c)(3) Nonprofit ☐ Individual ☐ Other (please specify):

Tax ID / EIN (if applicable):

Section 2: Organization Overview

1. Organization Mission Statement:

2. Describe your organization. What population do you serve, and how many individuals benefit annually?

3. How does this project align with the mission of the Shoshone Project? (Focus areas: food security, youth and family services in Lincoln County)

4. Who will benefit from this grant and how?

5. What are your goals and how will you measure success?

6. Have you received funding from Shoshone Project before? (Yes / No)
If yes, amount, date, and purpose:

Section 3: Funding Request

Requested Amount and what will the funds be used for? Provide a breakdown.

Current sources of funding:

Ratio of administrative costs vs. program/service delivery:

Section 4: Financial Summary

Please include a summary or attach the following:

- Annual operating budget

- Income and expenses

- Debt, if any

- Annual revenues and sources of revenue

Attach: Most recent Income Statement and Balance Sheet

Section 5: Supporting Documents Checklist

☐ Proof of nonprofit status (if applicable)

☐ Current year annual budget

☐ Previous year balance sheet

☐ Previous year income statement

☐ Previous year 990 filing (if applicable)

☐ If you feel it would be helpful, please provide a separate Word document summarizing your organization's work and impact

Section 6: Follow-Up and Certification

I certify that the information provided is accurate and complete. If awarded funding, I agree to:

- Submit a progress report six months after receiving the grant

- Include outcomes, use of funds, and lessons learned

- Share impact stories and photos where possible

Name: _____

Title / Role: _____

Signature: _____

Date: _____