



The Barbasol Foundation

www.barbasol.com/pages/barbasol-cares

Application Instructions

Thank you for your interest in applying for a Barbasol Foundation competitive grant. We know that working hard to make the world a better place keeps you busy, so before taking time to apply, please read the funding priorities of each of our grant programs as well as our mission and vision in order to determine whether your organization is a good fit with The Barbasol Foundation's priorities. If you decide to submit an application, please complete the application by answering the following questions; please do not exceed the space provided. Applications surpassing the four pages provided will not be considered.

- E-mail completed applications as word attachments to:
BarbasolFoundation@columbusfoundation.org
- Please note that applications are:
 - Due January 10th from the greater-Columbus area
 - Due June 10th from the county of Ashland, Ohio

General Information

Organization Name	
Organization Website	EIN Number
Address	Organization Telephone Number
	Executive Director
	Executive Director E-mail Address
Project Address, if different	Contact Person (person other than the ED who can be used as a point of contact)
	Project Director E-mail Address
Are you applying for the County of Ashland, Ohio grant or the greater-Columbus area grant?	

Greater-Columbus area

Ashland

Organizational Information

1) Organization mission statement

2) Brief statement about the history of your organization

3) Brief statement describing the staff of your organization (list the all full time and part-time employees, their job titles and their credentials)

4) Governance (list board members and their affiliation)

5) Brief statement describing the population served by your organization

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Financial Information of Organization

Revenue(Last Fiscal Year)	Fiscal Year (mm/dd/yy) Began Ended
Total expenditures(Last Fiscal Year): \$	Total amount spent for fundraising (last fiscal year): \$
Itemize amount of revenue in the last fiscal year by source (where applicable):	
Government: \$	Board Members: \$
United Way: \$	Percentage of Board members making monetary contributions: %
Foundations: \$	Individuals: \$
Corporations: \$	Endowed Income: \$
Fees: \$	Other: \$
Total Income:	

Project Information

Project Name
Purpose Statement (a description of your project: what are you doing, what outcomes do you hope to accomplish, how will you measure your progress on the outcomes?)

Project Start Date	Project End Date
Population served by this project (and why that particular population is being targeted by your efforts)	
Dollar Amount Requested (\$_ , _ _ _ _ . _ _)	
Proposed budget for use of funds (if granted)	
Other funders (and amounts) supporting the same project	
Collaborators (what other organizations or individuals are working with you on this project, if any?)	

<p>I certify that the above information is true to the best of my knowledge. <i>(This form should be signed by the chief executive officer)</i></p>	
Name (printed):	
Title:	
Signature:	Date: