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| Preview Form |
| This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application. |
| Contact Information |
| You may enter information for multiple contacts that should be associated with this request. **Please include contact information for the grant preparer, Executive Director/President, and the main Public Relations contact for this request.** |
| **\*First Name**(Text)(40 character maximum) | **Instructions:** Enter the contact's first name. |
| **\*Last Name**(Text)(40 character maximum) | **Instructions:** Enter the contact's last name. |
| **\*Contact Title**(Text)(50 character maximum) | **Instructions:** Enter the contact's title. |
| **\*E-mail Address**(Text)(100 character maximum) | **Instructions:** Enter the contact's e-mail address. **Please ensure the accuracy** of this email address as it will be used for correspondence. |
| **\*Telephone**(Text)(30 character maximum) | **Instructions:** Enter the contact's telephone number starting with the Area Code. |
| **\*Contact Type**(Single-Select List)* Board Member
* Development Staff
* Executive Director
* Grant Preparer
* Primary Contact
* Program Lead
* Public Relations
* Trustee
 | **Instructions:** Select the contact type that best describes the contact's position within the organization. |
| **\*Contact's Role**(Single-Select List)* Employee
* Contractor
* Volunteer
 | **Instructions:** Choose the item that best describes the contact's relationship to the organization. |
| Organization Information |
| **\*Legal Name**(Text)(100 character maximum) | **Instructions:** Enter the organization's legal name. Please use only letters and numbers, no punctuation marks or special characters. |
| **AKA Name**(Text)(100 character maximum) | **Instructions:** Enter the AKA Name of the organization (if applicable). Please use only letters and numbers, no punctuation marks or special characters. |
| **\*Organization Address**(Text)(100 character maximum) | **Instructions:** Enter the organization's mailing address. Please use only letters and numbers, no punctuation marks or special characters. |
| **\*Organization City**(Text)(50 character maximum) | **Instructions:** Enter the organization's city. |
| **\*Organization State**(Single-Select List) | **Instructions:** Enter the organization's state. |
| **\*Organization Zip**(Text)(10 character maximum) | **Instructions:** Enter the organization's zip code. |
| **\*Organization's Tax Exemption Status**(Single-Select List)* 501c3
* Applying for 501c3
* Other
 | **Instructions:** Choose the status that best describes the organization. |
| **\*State of Organization's Incorporation**(Single-Select List) | **Instructions:** Choose the state where the organization was incorporated and is registered with the Secretary of State. This may or may not be the state where the organization is located and is usually found in the organization’s articles of incorporation. |
| **\*Organization’s Establishment Date**(Date) | **Instructions:** Please enter the date that the organization was established. |
| **\*IRS Determination Letter**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Please upload a copy of the organization's IRS determination letter. |
| **\*Mission Statement and History**(Paragraph)(2000 character maximum) | **Instructions:** Provide the Organization's Mission Statement and brief history. |
| **\*Board of Directors**(User-Defined List) | **Instructions:** Type in the name of each of the organization's board members one at a time and click the "Add to List" button after each entry. If you need to remove an entry, highlight the name to be removed and click "Remove from List". |
| **Non-U.S. Government Personnel**(Long Paragraph)(5000 character maximum) | **Instructions:** Please list each board member, officer, or member of management who is a non-U.S. government official (a government official in a country other than the U.S. or a U.S. territory). For each such individual provide:1. His/her name and title at the organization; and
2. His/her non-U.S. government official title including country where serving.
 |
| **Non-U.S. Government Personnel (Relatives)**(Long Paragraph)(5000 character maximum) | **Instructions:** Please list each board member, officer, or member of management who has a parent, child, sibling, or spouse who is a non-U.S. government official (a government official in a country other than the U.S. or a U.S. territory). For each such individual provide:1. Their name and title at the organization;
2. The name and title of their relative who is a non-U.S. government official including the country where serving; and
3. The nature of the relationship between each for any such person.
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| **\*Organization's Facebook Site**(Text)(500 character maximum) | **Instructions:** Enter the organization's Facebook site. Enter N/A if not applicable. |
| **\*Organization's Twitter Handle**(Text)(500 character maximum) | **Instructions:** Enter the organization's Twitter handle. Enter N/A if not applicable. |
| **\*Organization's Website Address**(Text)(100 character maximum) | **Instructions:** Enter the organization's website address. Enter N/A if not applicable. |
| MOU |
| Welcome to the Walmart/Walmart Foundation's National Giving online application. The following is a template of the Memorandum of Understanding that we ask an organization to sign if it is awarded a grant. ***In an effort to be fully transparent about the relationship we seek to develop with our funding partners, please make sure the appropriate leaders within the organization review this document and are in agreement with its contents before submitting a proposal.*** The organization’s acceptance of these terms is a prerequisite for Walmart's or the Walmart Foundation’s consideration of the organization’s grant application. Please note: review and agreement to the terms of the MOU does not create any agreement on behalf of Walmart or the Walmart Foundation to approve the organization’s grant application or to provide any donation to the organization. Should the application be approved, a specific grant agreement including terms and reporting dates will be provided at a later date. To review and save a copy of the MOU, please follow the directions below.* Click on the link below to display the MOU.
* Then click on File/Save to save a copy of the agreement to your computer.
* Once saved, you may print a copy.
* Next you must answer the questions below.
* Then click 'Save and Proceed' to continue with the application.

[Memorandum of Understanding](https://www.cybergrants.com/walmart/docs/Natl_Intl_mou.pdf%22%20%5Ct%20%22_blank) |
| **\*MOU Applicant's Name**(Text)(100 character maximum) | **Instructions:** Please enter your name, not the organization's name. |
| **\*MOU Applicant's Title**(Text)(100 character maximum) | **Instructions:** |
| **\*Due Authority**(Checkbox List)* AGREE
 | **Instructions:** The person completing these sections affirms that they are representing the applicant organization and have the authority to accept these conditions on behalf of the organization and bind it to these obligations and statements. |
| **\*Acknowledgement of Terms and Conditions**(Checkbox List)* AGREE
 | **Instructions:** By acknowledging the terms and conditions, the person completing this section of the application is affirming that they are an officer of the organization with binding legal authority and that by submitting this request for funding, the requesting organization acknowledges that Walmart and/or the Walmart Foundation has not previously made any promise to provide the funding requested herein and that the requesting organization has not relied to its detriment upon any statement by Walmart and/or the Walmart Foundation or its representatives to obtain the funding requested. |
| **If you are unwilling to agree to the terms outlined above, Walmart/Walmart Foundation will not be able to consider this funding request.**(No input required) | **Instructions:** |
| LOI Information |
| All information in this section was completed during the LOI phase and is provided for your reference. |
| **\*Project Title**(Text)(255 character maximum) | **Instructions:** Enter the title of the proposed program. |
| **\*Focus Area**(Single-Select List)* Career Opportunity
* Diversity & Inclusion (invitation only)
* Hunger Relief and Healthy Eating
* International Economic Empowerment (invite only)
* Small Business - Sam's Club
* Sustainability
 | **Instructions:** Select the most appropriate focus area for the program described in this funding request. |
| **\*Subcategory**(Multi-Select List)* Career Opportunity
* ----Job Training - Retail
* ----Job Training - Veterans
* ----Job Training - General
* Hunger Relief and Healthy Eating
* ----Charitable Meals
* ----Nutrition Education and Cooking Skills
* ----SNAP (Food Stamps)
* ----USDA After School and Summer Meals
* ----USDA School Breakfast Program
* Sustainability
* ----Farmer Training
* ----Food System Support
* ----Materials and Manufacturing
* Small Business - Sam's Club
* ----Access to Capital and Technical Assistance
* ----Borrower Education
* Diversity & Inclusion (invitation only)
* ----D&I Career Opportunity (invitation only)
* ----D&I Education (invitation only)
* ----D&I Hunger Relief and Healthy Eating (invitation only)
* ----Immigrant Integration (invitation only)
* International Economic Empowerment (invitation only)
* ----Factory Training (invitation only)
* ----Farmer Training (invitation only)
* ----Retail Training (invitation only)
 | **Instructions:** Select one or more subcategories/subcategory details (as applicable) from the list provided. Find the Focus Area value you selected in the Focus Area question above and then select one or more values from those given beneath that heading.To select more than one item hold down Ctrl and click (Cmd and click for Apple computers). |
| **\*Overview of Unmet Need/Problem Statement**(Paragraph)(2000 character maximum) | **Instructions:** Briefly define the problem or issue that the program is designed to address. Why is it important? How does the problem/issue affect the target population? In addition, please provide a brief description of the current state of practice that seeks to address the problem. What are the major interventions or strategies currently being used in the field and the corresponding level of success that has been achieved? Identify any limitations associated with the current strategies that the program seeks to use. |
| **\*Fund Use**(Paragraph)(250 character maximum) | **Instructions:** Provide a brief summary of how the funds requested in this application will be used if this application is selected for funding. |
| **Primary Target Population(s)**(Checkbox List)* Women
* Racial/Ethnic Minorities
* Veterans
* Low-Income
* Other
 | **Instructions:** Select all that apply for the proposed program's **target** population. |
| **Other Populations Served**(Paragraph)(1000 character maximum) | **Instructions:** Please describe any other primary target population served by the proposed program. |
| **\*Proposed Program Locations**(Paragraph)(1000 character maximum) | **Instructions:** List the cities and states where the work for this program will take place. For example: Denver, CO, Edmondson, AR, and Dallas, TX. If the program will serve all cities and/or states, enter “All cities in X state” or “All states.” |
| **\*Organizational Budget**(Currency)(20 character maximum) | **Instructions:** Enter the organization's total operating budget. |
| **\*Organization Budget Upload**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Upload the most recently approved financial statements for the organization. |
| **\*Total Program Budget Amount**(Currency)(20 character maximum) | **Instructions:** Enter the total program budget. |
| **\*Program Budget Upload**(File Upload)File Upload; 1048576 byte limit | **Instructions:** Upload the budget for the program associated with this grant request. |
| **\*Requested Amount**(Currency)(20 character maximum) | **Instructions:** NOTE: Walmart/Walmart Foundation's National Giving Program typically awards grants that are larger in size, aligned strongly with strategic focus areas and have national or regional scope. If you meant to apply for a different funding area please click the link below: State Giving Program- awards grants of $25,000 to $250,000 that have a state-wide or regional scope. Facility (Walmart Stores and Sam's Clubs) Giving Program- awards grants of $250 to $5,000 for programs within a store or club’s service area. [Apply for a different program.](http://www.cybergrants.com/pls/cybergrants/quiz.display_question?x_gm_id=2797&x_quiz_id=4503&x_order_by=1) |
| **\*Anticipated Budget Use**(Paragraph)(2000 character maximum) | **Instructions:** Please provide a preliminary breakdown of the organization’s anticipated grant request, including the major funding categories and estimated topline costs for each category. Example:Personnel costs - $25,000 for two people at 50% Supplies - $1,000 for books |
| Proposal |
| Please complete the following information as it relates to this funding request only, unless otherwise noted in the field description. |
| **\*People Served**(Number)(15 character maximum) | **Instructions:** Enter the projected number of unduplicated individuals served as a result of this funding request. An individual who receives more than one service should only be counted once for this question. |
| **\*Gender (number)*** Male
* Female
* Unknown/Unreported
 | **Instructions:** Enter the number of people in each gender type that the organization plans to serve as a result of this funding request. **The total must equal the number entered in the People Served field above.** |
| **\*Age Group (number)*** Unknown/Unreported ages
* Children (0-12)
* Youth (13-18)
* Adults (19-24)
* Adults (25-55)
* Mature (56+)
 | **Instructions:** Enter the number of people in each age range that the organization plans to serve as a result of this funding request. **The total must equal the number entered in the People Served field above.** |
| **\*Ethnic Background (number)*** African American or Black
* American Indian or Alaskan Native
* Asian and Pacific American Islander
* Hispanic or Latino
* Multi-ethnic
* White
* Unknown/Unreported
 | **Instructions:** Enter the number of people of each ethnic background that the organization plans to serve as a result of this funding request. **The total must equal the number entered in the People Served field above.** |
| **Disabled People Served**(Number)(15 character maximum) | **Instructions:** Enter the number of people with disabilities that the organization plans to serve as a result of this funding request. |
| **LGBTQ People Served**(Number)(15 character maximum) | **Instructions:** Enter the number of people who identify as LGBTQ that the organization plans to serve as a result of this funding request. |
| **Veterans Served by Gender*** Male
* Female
* Unknown/unreported
 | **Instructions:** Please provide the total number of veterans served as a result of this funding request. This does not include military family members, only people who have served in the military themselves. |
| **\*Organizational Capacity**(Long Paragraph)(5000 character maximum) | **Instructions:** Describe the organization’s mission. Outline the assets (i.e. experience, infrastructure) the organization has that will help fulfill the mission. How is the organization uniquely positioned to address this work? |
| **\*Requested Length of Grant**(Number)(5 character maximum) | **Instructions:** Please enter the proposed length of this funding request in months. |
| **Program Description**(Long Paragraph)(10000 character maximum) | **Instructions:** This is the description of the program that was entered during the LOI phase. Please update this information based on conversations with your grant manager. |
| **\*Implementation Plan**(Long Paragraph)(10000 character maximum) | **Instructions:** Clearly describe the tactics and activities that the organization will use to implement the proposed program. If the organization is partnering with other organizations to accomplish its goals, clearly identify who the organization will work with and how the partnership will contribute to the organization’s ability to achieve the stated goals. |
| **\*Re-grants**(Yes/No) | **Instructions:** If this request is funded, will any Walmart/Walmart Foundation dollars be re-granted? |
| **Selection Process**(Long Paragraph)(5000 character maximum) | **Instructions:** Briefly describe the process the organization will use to select the re-grantees, the main criteria by which the organizations/sites will be selected, the number (or range) of sites that will be selected, list of potential external evaluators, and the timeline. Note: If the proposal is funded, Walmart/Walmart Foundation reserves the right to review and approve all communications announcing the regrant program. |
| **Re-grant Selection Date**(Date) | **Instructions:** Provide the date the organization will be able to provide the re-grant information to Walmart/Walmart Foundation. Note: By providing a date above, CyberGrants will request an automated re-grantee report filing at the appropriate time. |
| [**Grant Timeline Template**](http://www.cybergrants.com/walmart/docs/Timeline_Template.xls)(No input required) | **Instructions:** Click on the "Grant Timeline Template" link to download the file. Complete and save this template and then upload it into the field below. |
| **\*Grant Timeline**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Identify the program’s start and end dates, along with a general outline of key events or phases using the template provided. |
| **\*Organization Budget Upload (from 990)**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Upload the organization's operating budget for the current year and the preceding two years as reported on the organization’s 990. |
| **\*Program Budget with Narrative**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Use the attached template below to provide a line item request budget and narrative that identifies how the Walmart/Walmart Foundation grant funds will be spent if awarded. Walmart/Walmart Foundation funding may not be used for capital expenditures. Staff salaries should reflect the proportion of an individual’s time that will be spent administering the program and generally should not represent a significant percentage for any one position. Overhead must be limited to no more than 10% of the direct costs.[National Budget Template](https://www.cybergrants.com/walmart/national_budget_template.xls) |
| **\*Major Organizational Funders**(Paragraph)(2000 character maximum) | **Instructions:** List other major funders that support the organization overall. |
| **\*Major Program Funders**(Paragraph)(2000 character maximum) | **Instructions:** List the major funders of the proposed program. |
| Evaluation Plan |
| Describe the organization’s evaluation plan, including the use of consultants, if appropriate. Clearly define when and how the evaluation will be conducted, the specific program goals that will be evaluated and who from the target audience will participate in the evaluation (e.g., all participants, a randomly selected group of individuals.) We encourage organizations to use the SMART (Specific, Measurable, Attainable, Realistic, Timely) approach to developing the metrics the organization will use to evaluate its program. Please include content from the 'Metrics' section of the proposal to explain the impact the proposed program will have on the target population. Please list specific outputs/outcomes related to this grant and program-specific impact goals as well as others important to the organization. When creating the evaluation plan, be sure to clearly delineate between the outputs and the outcomes the organization intends to measure. Outcomes should be closely aligned with the program’s stated goals. |
| **\*Desired Results**(Long Paragraph)(10000 character maximum) | **Instructions:** Describe how the organization will achieve its desired results and evaluate the program's performance, and provide any specific lessons it hopes to learn. |
| **Top 5 Outputs**(No input required) | **Instructions:** Outputs are defined as the quantifiable or measurable results of the program’s work. For example, the number of classes created or run as a result of a program, the number of people attending those classes, etc. |
| **\*Output 1**(Paragraph)(500 character maximum) | **Instructions:** |
| **Output 2**(Paragraph)(500 character maximum) | **Instructions:** |
| **Output 3**(Paragraph)(500 character maximum) | **Instructions:** |
| **Output 4**(Paragraph)(500 character maximum) | **Instructions:** |
| **Output 5**(Paragraph)(500 character maximum) | **Instructions:** |
| **Top 5 Outcomes**(No input required) | **Instructions:** Outcomes are defined as the change that results for the people or the system to change as a result of the organization’s program or project. Please keep in mind that the intended outcomes should be attributable to the work of the organization. Examples include a decrease in obesity rates, quantified changes in quality of life for participants, etc. Please use specific, quantifiable projections when possible. |
| **\*Outcome 1**(Paragraph)(500 character maximum) | **Instructions:** |
| **Outcome 2**(Paragraph)(500 character maximum) | **Instructions:** |
| **Outcome 3**(Paragraph)(500 character maximum) | **Instructions:** |
| **Outcome 4**(Paragraph)(500 character maximum) | **Instructions:** |
| **Outcome 5**(Paragraph)(500 character maximum) | **Instructions:** |
| MetricsQuestions that appear in this section are dependent on the Subcategory or Subcategories chosen during the LOI phase. |
| The following metrics correspond to the focus area for which the organization seeks funding and what it aims to accomplish. If a certain metric does not apply to the proposed program, enter zero (0).Please provide the total number of individuals served through each of the following services. If an individual receives more than one type of service, count them once for each service type they will receive.Please note: These metrics will also be part of the impact report the organization will be required to complete if an application is funded. Organizations that are selected for funding will be required to track and report progress against metrics as indicated during the grant review process. |
| **Additional Metrics Upload**(File Upload)File Upload; 10485760 byte limit | **Instructions:** If the organization will be measuring additional metrics regarding the proposed program, please upload a copy of the tracking document that will be used. |
| Donor Recognition |
| Please review the link below titled "Recognition Best Practices". Provide the information below to describe the organization’s donor recognition plan, should this proposal be selected to receive funding.*Although corporations are not permitted, by law, to receive 'tangible benefits' as a result of their philanthropic giving, it is a best practice to receive 'intangible benefits' in the form of reputational marketing resulting from donor recognition.*[Recognition Best Practices](https://www.cybergrants.com/walmart/walmart_fdn_recognition_best_practices.doc%22%20%5Ct%20%22_blank) |
| **\*Donor Recognition Plan**(Long Paragraph)(2000 character maximum) | **Instructions:** Please review the document on best practices on donor recognition. The link can be found at the top of this section. Then in this field describe how the organization will recognize Walmart/Walmart Foundation for the support they may provide. |
| **\*Story Collection**(Paragraph)(2000 character maximum) | **Instructions:** Describe how the organization anticipates collecting stories from beneficiaries of this funding request, if awarded. |
| Additional Information |
| **\*Program Sustainability**(Paragraph)(2000 character maximum) | **Instructions:** Briefly describe how the proposed program will be sustained and/or integrated into the organization's work if Walmart or its Foundation is unable to support the program. |
| **Associate Involvement**(Paragraph)(2000 character maximum) | **Instructions:** List any Walmart or Sam's Club associates that currently serve on the organization's board of directors. |
| **\*Staff Biographies**(Long Paragraph)(2000 character maximum) | **Instructions:** Provide a brief biography for staff members who will provide **direct leadership** for the proposed program. These are the program’s “key” people who will provide oversight, direction, and direct input to the design, implementation, and daily activities of the program. For each such person, provide his/her: (1) first, middle, and last name; (2) date of birth (or year of birth); (3) citizenship; and (4) country of residence. |
| **Additional Staff Questions**(Paragraph)(2000 character maximum) | **Instructions:** Is any staff member identified directly above: (1) a non-U.S. government official; or (2) the parent, child, sibling, or spouse of any non-U.S. government official? If yes, please provide a detailed description, including the relevant persons’ first, middle, and last names, title, name and location of the government entity, etc. If no, please enter N/A. |
| **\*Organizational Chart**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Attach a copy of the organizational chart by clicking on the "Upload" button and following the instructions on the new screen. |
| **\*Audited Financial Statements**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Provide a copy of the organization's most recent audited financial statement. |
| **\*IRS 990 Form**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Attach a copy of the organization's most recent IRS 990 form. |
| **\*International Funding**(Yes/No) | **Instructions:** Is this funding request for an organization located outside of the US, or will the funds be distributed outside the US? |
| **Nonprofit Status**(Yes/No) | **Instructions:** Is the organization currently authorized by local tax laws and regulations to receive charitable donations? |
| **Proof of Nonprofit Status**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Please upload a copy of the authorization or most recent renewal, demonstrating that the organization is currently authorized to receive charitable donations by local tax laws and regulations. |
| **International Redistributions of Grant Funds**(Yes/No) | **Instructions:** Will the organization re-grant, pay, or otherwise redistribute any portion of the grant funds to any non-U.S. entity or individual that will perform activities to carry out the proposed program activities? |
| **International Redistribution Information**(Long Paragraph)(7500 character maximum) | **Instructions:** For each such non-U.S. entity or person, please provide the following:* Full Legal Name (for persons, provide the first, middle, and last names)
* Address
* Country
* Tax ID/VAT
* Other Registration Number (if applicable)
* Date of Incorporation (Date of Birth, for persons)
* URL
* Brief description of program activities or services to be provided, including the anticipated amount of the redistributed grant funds
* Countries where work or services will be performed
* Full names (first, middle, and last), date of birth, nationality, and residence of “key” people performing the activities or providing the services

If the organization has not selected re-grantees and/or third-party service providers at this time, please explain the anticipated selection process in the field below. |
| **Proposed Program Location (International)**(Paragraph)(2000 character maximum) | **Instructions:** List each country in which work will be conducted if this funding request is approved. |
| **Miscellaneous Documents**(File Upload)File Upload; 10485760 byte limit | **Instructions:** Please upload any additional documents relevant to this application |