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

Please select or enter the contact information for the Grant Preparer, President/Executive Director, and/or Public Relations contact for this request.

and/or Public Relations contact for this	request
*First Name	Instructions:
(Text)(40 character maximum)	Enter the contact's first name.
*Last Name	Instructions:
(Text)(40 character maximum)	Enter the contact's last name.
*Contact Title	Instructions:
(Text)(255 character maximum)	Enter the contact's title.
*Address	Instructions:
(Text)(100 character maximum)	Enter the contact's address.
*City	Instructions:
(Text)(50 character maximum)	Enter the contact's city.
*State	Instructions
(Single-Select List of U.S. states including	Instructions:
Puerto Rico and Virgin Islands)	Enter the contact's state.
*Zip	Instructions:
(Text)(5 character maximum)	Enter the contact's zip.
*Telephone	Instructions:
(Text)(30 character maximum)	• Enter the contact's telephone number starting with the Area Code.
	Instructions:
*E-mail Address	Enter the contact's e-mail address. Please ensure the accuracy of
(Text)(100 character maximum)	this email address as it will be used for correspondence.
*Contact Type (Single-Select List)	 Instructions: Select the contact type that best describes the contact's role.
*Contact's Role	
(Single-Select List)	Instructions:
• Employee	Please choose the item that best describes the contact's relationship
Contractor	to the organization.
Volunteer	
	Organization Profile
Official Name	Instructions:
	• Name associated with specific tax ID in the IRS business master file.
	Instructions:
	Enter the organization's legal name.
AKA Name	Instructions:
	Enter the AKA Name of the organization (if applicable).
	Instructions:
	Enter the organization's mailing address.
(1000) Transfer maximum)	- Litter the organizations maining additions.

Instructions:

Enter the organization's city.

*City

(Text)(50 character maximum)

*State (Single-Select List of U.S. states including	Instructions: • Enter the organization's state.
Puerto Rico and Virgin Islands) *Zip	Instructions:
(Text)(5 character maximum)	Enter the organization's zip code.
*Telephone	Instructions:
(Text)(30 character maximum)	Enter the organization's telephone number.
*Organization Mission	Instructions:
(Paragraph)(2000 character maximum)	Provide the organization's mission statement.
*Facebook (Text)(500 character maximum)	Instructions: • Enter the organization's Facebook page (Enter N/A if not applicable)
*Twitter (Text)(500 character maximum)	Instructions: • Enter the organization's Twitter handle (Enter N/A if not applicable)
*Website Address	Instructions:
(Text)(100 character maximum)	Enter the organization's website address (Enter N/A if not applicable)
	Request History
*Previous Funding	Instructions:
(Yes/No)	Has the organization ever received funding from the Walmart Foundation State Civing Program?
Previous Funding Date	Foundation State Giving Program? Instructions:
(Date)	Enter the date that funding was received.
Previous Funding Amount	Instructions:
(Currency)(20 character maximum)	Enter the previous funding amount.
Previous Funding Description (Paragraph)(2000 character maximum)	Instructions:Briefly describe the funded project and how Walmart Foundation State Giving funds were used.
	Program Information
Please complete the fields below with i requesting Walmart Foundation State 0	nformation regarding the program for which the organization is Giving funds.
*Program Title (Text)(255 character maximum)	Instructions: • Enter the title of the proposed program.
*Program Focus Area	
(Single-Select List)	Instructions:
Hunger and Healthy EatingCareer Opportunity	 Select the Focus Area that best fits the proposed program.
Other	
*Program Focus Category (Single-Select List)	Instructions: • Select the Focus Category that best fits the proposed program. Find the Focus Area value you selected in the question above and then select a value from those given beneath that heading. Instructions:
(Single-Select List)	Select the Subcategory that best fits the proposed program. Find the

 Job Training 	Focus Category value you selected in the Program Focus Category
 Training - Women 	question above and then select a value from those given beneath that
Training - Veterans	heading.
Training - General	
Charitable Meals	
Food Distribution	
Congregate Meals	
Home Delivered Meals	
Capacity Building	
Benefits Enrollment	
SNAP Enrollment	
SNAP Enrollment	
Nutrition Education Cooking Skills	
Cooking Skills Shapping Skills	
Shopping Skills Education	
Education K 42 Education	
K-12 Education	
College Access and Success	
•Literacy	
Mentoring/Tutoring	
After-school/Summer learning	
Health and Human Services	
Dental Care	
Vision Care	
Disease Awareness/Prevention	
Immunization Programs	
Medical Transportation	
Health Screening	
Fitness	
Crisis Support	
Other Basic Needs	
Sustainability	
Sustainable Agriculture	
Recycling	
Energy Reduction	
Conservation	
Small Business Support	
Training and Support	
Arts and Recreation	
Arts and Recreation Arts Education	
Museum Programs Community Requification	
Community Beautification Projects	
Projects Parks/Playgrounds	
Parks/Playgrounds	
	Instructions:
*Unmet Need/Problem Statement	Briefly define the problem or issue the program is designed to
(Long Paragraph)(2500 character	address. Why is it important? How does the problem/issue affect the
maximum)	target population? What is the organization's plan to address the
	problem/issue?
*Fund Use	Instructions:
(Paragraph)(150 character maximum)	 Provide a brief narrative of how funds will be used, if awarded.
*Program Description	Instructions:
(Paragraph)(2000 character maximum)	 Provide a brief synopsis of what the proposed program will achieve.
*Primary Target Population	Instructions:
(Paragraph)(2000 character maximum)	 Describe the target population for the proposed program.
v. aragraphy(2000 onaraolei maximum)	- Second and larger population the proposed program.

What state is this request for? (Single-Select List of U.S. states including Puerto Rico and Virgin Islands)	Instructions:
*Area Served (User-Defined List)	Instructions: • Enter the county or counties served by proposed program one at a time and click the "Add to List" button after each entry. If the organization serves all counties in a state then simply enter "All counties".
*Desired Results (Paragraph)(2000 character maximum)	Instructions: • Identify the major program goals and outcomes. What are the anticipated benefits for the target population and the impact the organization expects to achieve as a result of the proposed program?
*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.
*Organizational Budget (Currency)(20 character maximum)	Instructions:Enter the organization's total operating budget.
*Program Budget (Currency)(20 character maximum)	Instructions: • Enter the total program budget.
*Requested Grant Amount (Currency)(20 character maximum)	 Instructions: Enter the dollar amount you are requesting for this project. The dollar amount requested must be \$25,000 or greater.
	Budget Breakdown
Please complete the following section	on based on the budget for the proposed program.
	 Instructions: Please enter the total amount of each item below. Personnel Costs: Total amount of program-related personnel expenses including: compensation, benefits, insurance, etc. Compensation (including benefits, insurance, etc.) is limited to 50% of any single program-related position. You may request funds for multiple positions. Materials and Supplies: Total of all program-related supplies and materials. Other Direct Costs: Total of all other program-related direct costs. Indirect Costs: Total of all non program- related expenses including: non program-related staff, shared supplies, rent, occupancy, utilities etc. Indirect costs cannot exceed 10% of total request amount.
*Explanation of Personnel Costs (Paragraph)(2000 character maximum)	Instructions: • Please list the positions, amounts and percentage of total compensation for each position included in the above Personnel Costs total. Compensation (including benefits, insurance, etc.) is limited to 50% of any single program-related position. The request may include funds for multiple positions. Example: Program Manager- \$25,000 (50% total compensation) Executive Director- \$25,000 (50% total compensation) If the organization is not requesting support for Personnel Costs, enter N/A.

(Paragraph)(2000 character maximum) • Please provide a line-item above Materials and Supplies	breakdown of all items included in the s total.
Example:	
Books - \$5,000	
Computers - \$5,000	
If the organization is not re Supplies, enter N/A.	equesting support for Materials and
Instructions:	
Please provide a line-item above Other Direct Costs total	breakdown of all items included in the al.
*Explanation of Other Direct Costs Example:	
(Paragraph)(2000 character maximum) Travel - \$3,000	
Staff Training - \$2,000	
If the organization is not reenter N/A.	equesting support for Other Direct Costs,
Instructions:	
	breakdown of all items included in the direct Costs cannot exceed 10% of total
*Explanation of Indirect Costs	
(Paragraph)(2000 character maximum) Example:	
Rent - \$4,000	
Electric - \$2,500	
If the organization is not re enter N/A.	questing support for Indirect Costs,
Demographics	
Please provide specific information regarding the populations servorganization is requesting Walmart State Giving funds.	ved by the program for which the
Instructions:	
	er of unduplicated individuals served as a
(Number)(15 character maximum) result of this funding request service should only be count	An individual who receives more than one ed once for this question.
*Gender Instructions:	1
	e in each gender type that the organization
 Female Unknown/Unreported plans to serve as a result of the number entered in the 	this funding request. The total must equal
*Age Group	. Copie del real liela and rei
Unknown/Unreported ages	
• Children (0-12)	o in each ago rooms that the annual state of
• Youth (13-16)	e in each age range that the organization this funding request. The total must equal
• Adults (19-24) the number entered in the	
 Adults (25-55) Mature (56+) 	•
*Ethnic Background	
African American or Black	
American Indian or Alaskan Instructions:	
Native • Enter the number of people	e of each ethnic background that the
=	
Asian and Pacific American organization plans to serve a	as a result of this funding request. The total tered in the People Served field above.
Asian and Pacific American organization plans to serve a	ered in the People Served field above.

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WhiteUnknown/Unreported	
Veterans (Yes/No)	Instructions: • Will the proposed program serve U.S. military veterans?
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.
Veterans Served by Age Group Adults (18-34) Adults (35-55) Mature (56+) Unknown/Unreported	Instructions: • Please provide the number of veterans served in each age group as a result of this funding request. This does not include military family members, only people who have served in the military themselves.
	Program Metrics
Please provide additional detail on the below.	projected impact of the proposed program by completing the fields
Service Type (Multi-Select List)	Instructions: • Please specify which service(s) the proposed program will provide to the organization's target population. To choose more than one service type, hold down Ctrl and click (Cmd and click for Apple computers).
 Number of people served Children (0-17) Adults (18-59) Seniors (60+) Unknown/Unreported 	Instructions: • Please enter the projected number of people in each age range that will be served as a result of this funding request. Please note: the age ranges represented here are not the same as the age ranges in the Demographics section.
Congregate Meals (Number)(15 character maximum)	 Instructions: Please provide the projected number of congregate meals provided as a result of this funding request.
Home Delivered Meals (Number)(15 character maximum)	Instructions: • Please provide the projected number of home delivered meals the organization will provide through this funding request.
Federal Meal Reimbursements	Instructions: • Please provide the projected number of meals that will be reimbursed through the organization's participation in any of the federal programs listed below.
Site/Location Types	Instructions: • Please enter the number of each type of site the organization intends to support as a result of this funding request. This does not include home delivered meals.
Pounds of Food Distributed (Number)(15 character maximum)	Instructions:Please provide the projected total pounds of food distributed as a result of this funding request.
Backpacks Distributed (Number)(15 character maximum)	Instructions:How many backpacks will be distributed as a result of this funding
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	request?
Average meals per pack (Number)(15 character maximum)	Instructions:Please provide the average number of meals contained in each takehome food pack.
Average Pounds per pack (Number)(15 character maximum)	Instructions: • Please provide the average number of pounds contained in each take-home food pack.
Number of Sites (Number)(15 character maximum)	Instructions:Please provide the projected number of sites served as a result of this funding request.
Households Informed (Number)(15 character maximum)	Instructions:Please provide the projected number of households given information on federal benefits as a result of this funding request.
Households Assisted with Application (Number)(15 character maximum)	 Instructions: Please provide the projected number of households assisted with application for federal benefits as a result of this funding request. If no households were assisted, enter 0.
Supplemental Nutrition Assistance Program (SNAP) Women, Infants, and Children (WIC)	Instructions: • Please provide the projected number of households enrolled in federal benefits programs as a result of this funding request. If no households were enrolled through this program, enter 0.
People Instructed	Instructions: • Please provide the projected number of people given instruction as a result of this funding request.
Vehicles (Capacity Building) Refrigerated Trucks Other vehicles	Instructions: • Please enter the number of vehicles the organization plans to purchase as a result of this funding request. If the organization does not plan to purchase any vehicles, enter 0.
Vehicle Details (Paragraph)(500 character maximum)	 Instructions: Please provide details on the types of vehicles the organization plans to purchase as a result of this funding request. If the organization is not requesting support to purchase vehicles, enter N/A.
Equipment Details (Paragraph)(500 character maximum)	Instructions: • Please provide the details of equipment (type and number of units) that the organization plans to purchase with the use of this funding request. If the organization is not requesting support for equipment, enter N/A.
Number of people provided career/support services • Male • Female • Unknown/Unreported	Instructions: How many people could receive career or support services as a result of this funding request? An individual who may receive more than one service should only be counted once for this question.
Job Skills Program Length (Number)(15 character maximum)	Instructions: • How long (in days) is the proposed program?
Job Skills Program Duration (Number)(15 character maximum)	Instructions: • What is the anticipated average number of hours in jobs skills training programs that participants will receive as a result of this funding request?
Job Training (No input required)	 Instructions: 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.
Average Job Placement Rate	Instructions:

(Number)(15 character maximum)	What is the anticipated average placement rate of those that complete training as a result of this funding request?
Adult Basic Education Enrollment	 Instructions: How many people does the organization plan to <i>enroll</i> in adult basic education services as a result of this funding request?
Occupational/Vocational Education Enrollment	 Instructions: How many people does the organization plan to enroll in occupational or vocational education services as a result of this funding request?
Soft Skills Training Enrollment	Instructions: • How many people does the organization plan to <i>enroll</i> in soft skills training services as a result of this funding request?
Adult Basic Education Completion	Instructions: • How many people does the organization anticipate <i>completing</i> adult basic education programs as a result of this funding request?
Occupational/Vocational Education Completion Male Female Unknown/Unreported	Instructions: • How many people does the organization anticipate completing occupational or vocational education services as a result of this funding request?
Soft Skills Training Completion	 Instructions: How many people does the organization anticipate <i>completing</i> soft skills training services as a result of this funding request?
Job Training Credentials Male Female Unknown/Unreported	Instructions: • How many people does the organization anticipate receiving credentials/certifications as a result of this funding request?
Job Placement Metrics (No input required)	Instructions:
Part-Time Positions	 Instructions: Of those who will complete training as a result of this funding request, how many people does the organization plan to place in part-time positions?
Full-Time Positions	 Instructions: Of those who will complete training as a result of this funding request, how many people does the organization plan to place in full-time positions?
Internships/Apprenticeships	 Instructions: Of those who will complete training as a result of this funding request, how many people does the organization plan to place as interns or apprentices?
Self-Employed/Entrepreneur Male Female Unknown/Unreported	 Instructions: Of those who will complete training as a result of this funding request, how many people does the organization anticipate becoming self-employed or entrepreneurs?
Temporary Employment	 Instructions: Of those who will complete training as a result of this funding request, how many people does the organization plan to place in temporary employment positions?

Wrap-Around Services (Checkbox List) • WIC • SNAP • Childcare • Mental Health Services • Financial Literacy • Transportation • Housing Assistance • Emergency Food Supply • Earned Income Tax Credit	Instructions: • Please check all additional services that may be provided to individuals receiving job training services as a result of this funding request.
Career Opportunity - Veterans (Yes/No)	Instructions: • Will the proposed program provide U.S. military veterans with job skills training and/or placement assistance?
Veterans-Specific Metrics (No input required)	Instructions: • Please provide the total number of veterans served through each of the following services. If a veteran receives more than one type of service, count them once for each service type they will receive.
Average Job Placement Rate - Veterans (Number)(15 character maximum)	Instructions: What is the anticipated average placement rate for veterans that complete training as a result of this funding request?
Adult Basic Education Enrollment - Veterans	Instructions: • How many veterans does the organization plan to enroll in adult basic education programs as a result of this funding request?
Occupational/Vocational Education Enrollment - Veterans • Male • Female • Unknown/Unreported	 Instructions: How many veterans does the organization plan to enroll in occupational or vocational education services as a result of this funding request?
Soft Skills Training Enrollment - Veterans • Male • Female • Unknown/Unreported	Instructions: • How many veterans does the organization plan to enroll in soft skills training services as a result of this funding request?
Adult Basic Education Completion - Veterans	Instructions: • How many veterans does the organization anticipate completing adult basic education programs as a result of this funding request?
Occupational/Vocational Education Completion - Veterans	Instructions: • How many veterans does the organization anticipate completing occupational or vocational education services as a result of this funding request?
Soft Skills Training Completion - Veterans • Male • Female • Unknown/Unreported	Instructions: • How many veterans does the organization anticipate completing soft skills training services as a result of this funding request?
Job Training Credentials - Veterans	Instructions: • How many veterans does the organization anticipate receiving credentials/certifications as a result of this funding request?

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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

*Donor Recognition plan (Paragraph)(2000 character maximum)	 Instructions: Describe how (if selected to be funded) support from the Walmart Foundation, the program, and its progress and results will be communicated and with whom.
	Additional Information
*Other Potential Funders (Paragraph)(2000 character maximum)	Instructions:List other potential funders and the requested level of support for the proposed program.
*IRS 990 Form (File Upload)File Upload	Instructions: • Attach a copy of the organization's most recent IRS 990 form.
*IRS Determination Letter (File Upload)File Upload	Instructions: • Attach a copy of the organization's IRS Determination Letter.

*Board of Directors (User-Defined List)	Instructions:Enter the name of each board member one at a time and click the "Add to List" button after each entry.
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.