

Walmart Foundation State Giving Application Preview

Preview Form	
<p>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.</p>	
Contact Information	
<p>Please select or enter the contact information for the Grant Preparer, President/Executive Director, and/or Public Relations contact for this request.</p>	
<p>*First Name (Text)(40 character maximum)</p>	<p>Instructions: Enter the contact's first name.</p>
<p>*Last Name (Text)(40 character maximum)</p>	<p>Instructions: Enter the contact's last name.</p>
<p>*Contact Title (Text)(50 character maximum)</p>	<p>Instructions: Enter the contact's title.</p>
<p>*Address (Text)(100 character maximum)</p>	<p>Instructions: Enter the contact's address.</p>
<p>*City (Text)(50 character maximum)</p>	<p>Instructions: Enter the contact's city.</p>
<p>*State (Single-Select List)</p>	<p>Instructions: Enter the contact's state.</p>
<p>*Zip (Text)(5 character maximum)</p>	<p>Instructions: Enter the contact's zip.</p>
<p>*Telephone (Text)(30 character maximum)</p>	<p>Instructions: Enter the contact's telephone number starting with the Area Code.</p>
<p>*E-mail Address (Text)(100 character maximum)</p>	<p>Instructions: Enter the contact's e-mail address. Please ensure the accuracy of this email address as it will be used for correspondence.</p>
<p>*Contact Type (Single-Select List)</p> <ul style="list-style-type: none"> • Board Member • Development Staff • Executive Director • Grant Preparer • Primary Contact • Program Lead • Public Relations • Trustee 	<p>Instructions: Select the contact type that best describes the contact's role.</p>
<p>*Contact's Role (Single-Select List)</p> <ul style="list-style-type: none"> • Employee • Contractor • Volunteer 	<p>Instructions: Choose the item that best describes the contact's relationship to the organization.</p>
Organization Profile	
<p>Official Name (Text)(100 character maximum)</p>	<p>Instructions: Name associated with specific tax ID in the IRS business master file.</p>
<p>*Legal Name (Text)(100 character maximum)</p>	<p>Instructions: Enter the organization's legal name. Please use only letters and numbers, no punctuation marks or special characters.</p>
<p>AKA Name (Text)(100 character maximum)</p>	<p>Instructions: Enter the AKA Name of the organization (if applicable). Please use only letters and numbers, no punctuation marks or special characters.</p>
<p>*Organization Address</p>	<p>Instructions: Enter the organization's mailing address.</p>

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(Text)(100 character maximum)	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.
*Telephone (Text)(30 character maximum)	Instructions: Enter the organization's telephone number.
*Organization Mission (Paragraph)(2000 character maximum)	Instructions: Provide the organization's mission statement.
*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.
Request History	
*Previous Funding (Yes/No)	Instructions: Has the organization ever received funding from the Walmart State Giving Program?
Previous Funding Date (Date)	Instructions: Enter the date that funding was received.
Previous Funding Amount (Currency)(20 character maximum)	Instructions: Enter the previous funding amount.
Program Information	
Please complete the fields below with information regarding the program for which the organization is requesting Walmart State Giving funds.	
*Program Title (Text)(255 character maximum)	Instructions: Enter the title of the proposed program.
*What state is this request for? (Single-Select List)	Instructions: Select the state in which the proposed program is to be run.
*Focus Area (Single-Select List) <ul style="list-style-type: none"> • Career Opportunity • Disaster Preparedness • Hunger Relief and Healthy Eating • Other 	Instructions: Select the Focus Area that best fits the proposed program.
*Program Focus Category (Single-Select List) <ul style="list-style-type: none"> • Career Opportunity • ----Job Training • Hunger and Healthy Eating • ----Charitable Meals • ----Benefits Enrollment • ----Nutrition Education • Disaster Preparedness • ----Disaster Preparedness Efforts • Other • ----Education • ----Health and Human Services 	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.

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<ul style="list-style-type: none"> • ----Sustainability • ----Small Business Support • ----Arts and Recreation 	
<p>*Program Subcategory (Single-Select List)</p> <ul style="list-style-type: none"> • Job Training • ----Training - Women • ----Training - Veterans • ----Training - General • Charitable Meals • ----Food Distribution • ----Congregate Meals • ----Home Delivered Meals • ----Capacity Building • Benefits Enrollment • ----SNAP Enrollment • ----WIC Enrollment • Nutrition Education • ----Cooking Skills • ----Shopping Skills • Disaster Preparedness Efforts • ----Community Safety Initiatives • ----Response and Preparedness Equipment • ----Disaster Response Training • ----Community Disaster Preparedness Programs • 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 Education • ----Museum Programs • ----Community Beautification Projects • ----Parks/Playgrounds 	<p>Instructions: Select the Subcategory that best fits the proposed program. Find the Focus Category value you selected in the Program Focus Category question above and then select a value from those given beneath that heading.</p>

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<p>*Fund Use (Paragraph)(250 character maximum)</p>	<p>Instructions: Provide a brief summary of how the funds requested in this application will be used if this application is selected for funding.</p>
<p>*Unmet Need/Problem Statement (Long Paragraph)(2500 character maximum)</p>	<p>Instructions: Briefly define the problem or issue the program is designed to address. Why is it important? How does the problem/issue affect the target population? What is the organization's plan to address the problem/issue?</p>
<p>*Program Description (Paragraph)(2000 character maximum)</p>	<p>Instructions: Provide a brief synopsis of what the proposed program will achieve.</p>
<p>*Primary Target Population (Paragraph)(2000 character maximum)</p>	<p>Instructions: Describe the target population for the proposed program.</p>
<p>*Area Served (User-Defined List)</p>	<p>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".</p>
<p>*Desired Results (Paragraph)(2000 character maximum)</p>	<p>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?</p>
<p>*Program Sustainability (Paragraph)(2000 character maximum)</p>	<p>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.</p>
<p>*Organizational Budget (Currency)(20 character maximum)</p>	<p>Instructions: Enter the organization's total operating budget.</p>
<p>*Program Budget (Currency)(20 character maximum)</p>	<p>Instructions: Enter the total program budget.</p>
<p>*Requested Grant Amount (Currency)(20 character maximum)</p>	<p>Instructions: Enter the dollar amount you are requesting for this project. The dollar amount requested must be \$25,000 or greater.</p>
<p>Budget Breakdown</p>	
<p>Please provide a breakdown of the funds requested in this application. The total entered must equal the Requested Grant Amount entered previously.</p>	
<p>*Budget Items (for this request only)</p> <ul style="list-style-type: none"> ● Personnel Costs ● Materials and Supplies ● Other Direct Costs ● Indirect Costs 	<p>Instructions: Please enter the total amount of each item below.</p> <p>Personnel Costs: Total amount of program-related personnel expenses including: compensation, benefits, insurance, etc being requested in this application. Compensation (including benefits, insurance, etc.) is limited to 50% of any single program-related position. You may request funds for multiple positions.</p> <p>Materials and Supplies: Total of all program-related supplies and materials being requested in this application.</p> <p>Other Direct Costs: Total of all other program-related direct costs being requested in this application.</p> <p>Indirect Costs: Total of all non program- related expenses including: non program-related staff, shared supplies, rent, occupancy, utilities etc being requested in this application. Indirect costs cannot exceed 10% of total request amount.</p>
<p>*Explanation of Personnel Costs</p>	<p>Instructions: Please list the positions, amounts and</p>

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<p>(Paragraph)(2000 character maximum)</p>	<p>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.</p> <p><i>Example:</i> Program Manager- \$25,000 (50% total compensation) Executive Director- \$25,000 (50% total compensation)</p> <p>If the organization is not requesting support for Personnel Costs, enter N/A.</p>
<p>*Explanation of Materials and Supplies (Paragraph)(2000 character maximum)</p>	<p>Instructions: Please provide a line-item breakdown of all items included in the above Materials and Supplies total.</p> <p><i>Example:</i> Books - \$5,000 Computers - \$5,000</p> <p>If the organization is not requesting support for Materials and Supplies, enter N/A.</p>
<p>*Explanation of Other Direct Costs (Paragraph)(2000 character maximum)</p>	<p>Instructions: Please provide a line-item breakdown of all items included in the above Other Direct Costs total.</p> <p><i>Example:</i> Travel - \$3,000 Staff Training - \$2,000</p> <p>If the organization is not requesting support for Other Direct Costs, enter N/A.</p>
<p>*Explanation of Indirect Costs (Paragraph)(2000 character maximum)</p>	<p>Instructions: Please provide a line-item breakdown of all items included in the above Indirect Costs total. Indirect Costs cannot exceed 10% of total requested amount.</p> <p><i>Example:</i> Rent - \$4,000 Electric - \$2,500</p> <p>If the organization is not requesting support for Indirect Costs, enter N/A.</p>
<p>Demographics</p>	
<p>Please provide specific information regarding the populations served by the program for which the organization is requesting Walmart State Giving funds.</p>	
<p>*People Served (Number)(15 character maximum)</p>	<p>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.</p>
<p>*Gender</p> <ul style="list-style-type: none"> • Male • Female • Unknown/Unreported 	<p>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.</p>
<p>*Age Group</p> <ul style="list-style-type: none"> • Unknown/Unreported ages 	<p>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</p>

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<ul style="list-style-type: none"> • Children (0-12) • Youth (13-18) • Adults (19-24) • Adults (25-55) • Mature (56+) 	entered in the People Served field above.
<p>*Ethnic Background</p> <ul style="list-style-type: none"> • African American or Black • American Indian or Alaskan Native • Asian and Pacific American Islander • Hispanic or Latino • Multi-ethnic • White • Unknown/Unreported 	<p>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.</p>
<p>Veterans (Yes/No)</p>	<p>Instructions: Will the proposed program serve U.S. military veterans?</p>
<p>Veterans Served by Gender</p> <ul style="list-style-type: none"> • Male • Female • Unknown/unreported 	<p>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.</p>
<p>Veterans Served by Age Group</p> <ul style="list-style-type: none"> • Adults (18-34) • Adults (35-55) • Mature (56+) • Unknown/Unreported 	<p>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.</p>
<p>Program Metrics</p>	
<p>Please provide additional detail on the projected impact of the proposed program by completing the fields that appear in this section during the application process. If a metric does not apply to the proposed program, enter "N/A" for text fields or "0" for number fields.</p> <p>Please note: Some focus areas will not have corresponding metrics. If no metrics appear in this section, click "Save and Proceed" below.</p>	
<p>Donor Recognition</p>	
<p>Please provide the information below to describe the organization's donor recognition plan, should this proposal be selected to receive funding.</p>	
<p>*Donor Recognition plan (Paragraph)(2000 character maximum)</p>	<p>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.</p>
<p>Additional Information</p>	
<p>*Other Potential Funders (Paragraph)(2000 character maximum)</p>	<p>Instructions: List other potential funders and the requested level of support for the proposed program.</p>
<p>*IRS 990 Form (File Upload)File Upload; 10485760 byte limit</p>	<p>Instructions: Attach a copy of the organization's most recent IRS 990 form.</p>
<p>*IRS Determination Letter (File Upload)File Upload; 10485760 byte limit</p>	<p>Instructions: Attach a copy of the organization's IRS Determination Letter.</p>
<p>*Board of Directors (User-Defined List)</p>	<p>Instructions: Enter the name of each board member one at a time and click the "Add to List" button after each entry.</p>

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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.
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?
<p>MOU</p> <p>Please read the Memorandum of Understanding provided by clicking the link below. By submitting an application, the organization is agreeing to be bound by the terms of this MOU. The organization's acceptance of these terms is a prerequisite for the Walmart Foundation's consideration of the organization's grant application.</p> <p>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.</p> <p>To review and save a copy of the MOU, please follow the directions below.</p> <p>Click on the link below to display the MOU.</p> <p>Then click on File/Save to save a copy of the agreement to your computer.</p> <p>Once saved, you may print a copy.</p> <p>Next you must answer the questions below.</p> <p>Then click 'Save and Proceed' to continue with the application.</p> <p style="text-align: center;">Memorandum of Understanding</p>	
*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	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	Instructions: By acknowledging the terms and conditions, the person completing the application is affirming they are an officer of the applicant organization with binding legal authority.
<p>If you are unwilling to agree to the terms outlined above, Walmart/Walmart Foundation will not be able to consider this funding request.</p>	