

## Equinox Foundation Program FY25

Application #: 151698

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### APPLICATION AT A GLANCE

**Organization Name:**

Sample Application

**Application Name:**

**Request Amount:**

**Requested Grant Type:**

### ORGANIZATION INFORMATION

**Organization Name:**

Sample Application

**Organization EIN:**

**Fiscal Sponsor Name (if applicable):**

**Date of Incorporation:**

**Organization Address:**

**Mailing County:**

**Organization Phone Number:**

**Website URL:**

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**Organization Mission Statement:** 700 Character Limit

**Organization Annual Budget:**

**Key Programs/Services:** 800 Character Limit

## CEO OR HEAD OF ORGANIZATION INFORMATION

**First Name:**

**Last Name:**

**Title:**

**Email:**

**Populations Served by Organization:**

Populations Served By Organization	

**Is there any additional information you'd like to share about the population(s) you serve? If you selected "other" in the previous question, please use this space to elaborate.** 400 Character Limit

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### PROGRAM/PROJECT REQUEST

**Equinox Foundation Grant Timeline:**  
**July 1, 2025 to June 30, 2026**

**Application Name:**

**Request Amount:**

#### Grant Type Definitions:

- **Program Support** provides organizations with the funds they need to develop and implement distinct initiatives. These grants are usually time-bound and aimed at achieving specific goals and milestones.
- **Capital Project/Equipment Purchase** supports the purchase, design, construction, restoration, or renovation of facilities. This includes costs related to planning as well as the purchase and installation of related moveable and permanently affixed equipment for exhibiting, maintaining, monitoring, and protecting collections (whether on exhibit or in storage), and for critical building systems, such as electrical, heating ventilation, and air conditioning, security, life safety, lighting, utilities, telecommunications, and energy management.
- **Capacity Building** grants support an organization's work on new strategies, develop competencies, and improve processes and systems to improve efficiency. With this type of support, charitable organizations can move into a position where they have a greater capacity to serve others.

**Requested Grant Type:**

**Total Program/Project Cost:**

**Brief summary of request:**

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### Equinox Counties Served:

Equinox Counties	

**County Explanation:** 2500 Character Limit

### Project Description - Describe in detail the project for which you are seeking funds.

2000 Character Limit

### Community Need Statement: What need in the community are you fulfilling with this request?

1800 Character Limit

### Demand Statement: What can you tell us that would indicate there is demand for this proposed project in the community?

1800 Character Limit

**Provide a timeline and explain the specific activities that will take place during the grant period (a one year period beginning at the first day of the award month and ending at one year after award date). Be aware that any awarded grant funds are to be spent within this grant period.**

1800 Character Limit

## FUNDING IMPACT

**Outputs are number-specific. For example: 21 families who were previously homeless will be moved to permanent housing; 65 senior citizens will receive in-home health care services; 25 new volunteers will be trained and certified; Five two-hour sessions to convene neighborhood groups will be presented, etc**

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**Output # 1** 800 Character Limit

**Output # 2** 800 Character Limit

**Output # 3** 800 Character Limit

**Describe how you will measure and evaluate the success of your project. Explain how you will know that you are succeeding. What will you measure, and how will you measure it?**

2000 Character Limit

**If this is an ongoing project, describe how your organization will cover the expenses of this program after the grant period has ended**

1800 Character Limit

**Describe the efforts you have undertaken/will undertake to raise any additional funds or in-kind support required to implement the program/project. Include plans, such as changes in scope or delays in program/project implementation, if you are unable to obtain all required funding.**

1800 Character Limit

**Previous Equinox Grant Update: If you received a grant from Equinox Foundation last year, please briefly tell us how these dollars have served your organization and your community.**

1000 Character Limit

**ADDITIONAL INFORMATION**

**Do we have your permission to share this request with other funders who may be interested in supporting your work?**

**CERTIFICATION**

**I certify that I am authorized by the Executive Director/CEO and/or the Board of Directors to submit this proposal on behalf of the organization.**

**I certify this organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veteran status, pregnancy or genetic information.**

**I certify this organization does not support or engage in activities that incite or engage in violence, intimidation, harassment, threats or defamation targeting an individual or group based on their actual or perceived race, color, religion, national origin, ethnicity, immigration status, gender, gender identity, sexual orientation or disability.**

**Please Note: By entering data into the next three (3) fields calling for insertion of your Name, Title, and Date, you are: (1) representing that you are an officer or other agent duly authorized to enter into legally binding agreements (2) agreeing to submit this grant application in an electronic form which shall be bound by its contents as an electronic transaction (3) agreeing that your insertion of data into these following fields constitutes an electronic signature.**

**Name:**

**Title**

**Date:**