

APPLICATION AT A GLANCE

Organization Name:

Amount Requested:

Application Name:

Requested Grant Type:

ORGANIZATION INFORMATION

Organization Name:

Organization EIN:

Fiscal Sponsor Name (if applicable):

Date of Incorporation:

Organization Address:

Mailing County:

Organization Phone Number:

Website URL:

Organization Mission Statement:

700 Character Limit

Equinox Grant Program FY26

Application #: 170863

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

PROGRAM/PROJECT REQUEST

**Equinox Foundation Grant Timeline:
August 1, 2026 to July 31, 2027**

Application Name:

Amount Requested:

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:

400 Character Limit

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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.

3000 Character Limit

Describe the need or opportunity in the community and how your proposed project/program is well suited to meet that need for the people you serve.

3000 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 detailed timeline and explain the specific activities that will take place during the grant period for the proposed program/project. Be aware that any awarded grant funds are to be spent within this grant period.

3000 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

Output # 1

800 Character Limit

Equinox Grant Program FY26

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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

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.

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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.

Contact Name:

Title

Date:

****In addition to the narrative sections, applicants will be asked to upload the following files:**

- A program/project budget (template provided in the portal)
- A copy of the organization's annual operating budget for the current fiscal year
- A copy of the organization's profit & loss statement
- A list of key staff members associated with the program/project
- A list of the organization's board members