



The National Quilting Association, Inc.
PO Box 12190
Columbus, OH 43212-0190
Phone 614-488-8520 Fax 614-488-8521
Email nqaquilts@sbcglobal.net
www.nqaquilts.org

NQA GRANT APPLICATION COVER SHEET
Please return this cover sheet with your proposal.

Grant Award Year - 2012 Grant Amount Requested _____

Contact/Coordinator Name _____

Organization/Group Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Project Title _____

Project Start Date _____ Project Completion Date _____ **OR** Project is Ongoing

Project Website _____

For Publicity Purposes:

Local Newspaper _____

Address: _____

Contact Person Name _____ Email _____

For Office Use Only

Award Amount _____ Notification Date _____

Receipt of Signed Grant Award Contract _____

Interim Report Due _____ Received _____

Final Report Due _____ Received _____

Check # _____ Mailed _____ Amount: _____

Check # _____ Mailed: _____ Amount: _____



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Part I - Financial Status Designation

Name and Address of Individual or Group Applying for Grant

Name _____

Address _____

City _____ State _____ Zip _____

Important Note: You do not have to be tax-exempt to apply for a grant. However, we are required to report to the IRS the amount of grant monies awarded. Please check one of the following designations and fill in the appropriate blanks:

_____ Organization **with** recognized Internal Revenue Service 501(c)(3) tax exempt status. A copy of your IRS determination letter *must* be included with this application.
Tax ID # _____

_____ Organization/individual **without** tax-exempt status, but represented by a fiscal sponsor with recognized Internal Revenue Service 501(c)(3) tax exempt status. A copy of your fiscal agent's IRS determination letter *must* be included with this application.
Name of fiscal agent: _____
Tax ID # _____

_____ Organization/individual **without** 501(c)(3) status whose activities, programs and projects conform to IRS definition of charitable, educational, or scientific activities.
Tax ID or Social Security Number _____

_____ Organization/individual without any tax exempt status as noted above. Social Security number required for tax reporting purposes: _____

As a duly authorized representative of the above named organization/individual, I confirm that the above information is true and accurate. If you are using a fiscal agent, this form must be signed by that organization's duly authorized representative.

Signature _____ Print Name: _____

Title _____ Date _____



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Part II - Grant Award Contract Compliance

I accept and will comply with the following NQA Grant award requirements:

- All information represented in this application is true and accurate.
- A final report detailing how grant monies were spent will be submitted promptly.
- For awards over \$5,000.00, 50 percent of the award will be made upon receipt of the grant award contract. Receiving the balance of the award is contingent upon the submission of an interim progress report as delineated in the grant award contract.
- Credit for funding will be given to The National Quilting Association, Inc. in all lectures, documentation, publicity, and printed material associated with this project. Supporting evidence should be included in the final report.
- If it is not possible for the project to be initiated as proposed, notification will be made to The National Quilting Association, Inc., and funds will be returned immediately.
- If for any reason the project is not completed, notification will be made to The National Quilting Association, Inc., and the remaining balance of grant funds will be returned immediately.
- If a grant recipient earns a profit from a commercial product or venture funded all or in part through a NQA grant award, then said grant monies must be repaid to The National Quilting Association, Inc. In such a case, an agreement may be reached by both parties prior to awarding the grant and would be contingent on actual profits realized from the commercial venture.

Applicant Signature _____ Date _____

Part III - Proposal Narrative

Using **no more than five (5) pages** (single spaced, one inch margins all around and no smaller than 12 point font), provide a written narrative, including answers to the following questions:

- What is your individual or organization's mission? What is your organization/individual history as a quiltmaker, quilt historian, or quilt-related community service group?
- How does this project align with the mission of The National Quilting Association, Inc?
- What is the need for the project? Why should the project be undertaken? Who will benefit?
- What is the project methodology? What are the activities that will be undertaken? What is the length of the project? How does the project conclude?
- What are the goals for the project? How will you know the goals have been/are being achieved?
- Who is leading the project? What is their experience? Why are they qualified to lead this project? For each project leader, please include their resume *limited to no more than two pages*. Resume attachments are not counted in the five page narrative limitation.
- Are you seeking funding from sources other than NQA? Please provide information on other sources of funding. If the project is on-going, how will you sustain the efforts?
- Are you aware of similar projects being done by others? What makes your project unique? Are you collaborating with other individuals or groups?
- Is there any other pertinent information that might be helpful to the reviewers in the evaluation of your proposal?



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Part IV – Budget

Please complete the following budget format for your project. Do not enter anything in the shaded boxes. Please note we prefer to support expenses that would not be considered general operating costs.

ANTICIPATED REVENUE	Column A AMOUNT	Column B NQA REQUEST	A + B = TOTAL
My/Our own Contribution			
Cash Donations from Individuals			
Grant Requests		\$	
In-Kind Donations			
Events and/or Admissions			
Product Sales			
Other Sources (please identify)			
<i>Total Anticipated Revenue</i>		\$	
ANTICIPATED EXPENSES	AMOUNT	USE OF NQA FUNDS	A + B = TOTAL
Salary			
Employee Related Expenses			
Contract Labor (individuals paid for their unique expertise for this project only)			
Capital expenses (i.e., sewing machines, tables, chairs, etc.)			
Consumable project supplies (i.e., material, thread)			
Office Supplies			
Travel and Mileage Reimbursement			
Postage and Delivery			
Printing			
Telephone, FAX, Internet Access			
Rent			
Utilities			
Maintenance			
Insurance			
Marketing Expense			
Other (Please identify)			
<i>Total Anticipated Expenses</i>			
NET PROFIT OR (LOSS)			



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PART V – Submission Requirements

LETTERS OF RECOMMENDATION: Please include **TWO** separate letters of recommendation. Please make sure that these letters address the project for which you are applying and the qualifications of the project leaders.

NUMBER OF COPIES: *Eight copies (one original and seven duplicates) of the complete application, including all attachments are required. Failure to supply the correct number of copies will result in elimination. There is no need to submit a separate cover letter; however, please respect your reviewers and collate copies as indicated below. Please do not send video tapes, DVDs, CDs or other media. These cannot be returned and will not be reviewed.*

SUBMISSION: Submissions are accepted through the U.S. Mail (preferred) or overnight delivery services. NQA will not accept proposals via FAX or e-mail.

Application Checklist (Eight copies-collated as follows)

- _____ Cover sheet
- _____ Part I, Financial Status, completed and signed
- _____ Part II, Contract Compliance, completed and signed
- _____ Part III, Project Narrative
- _____ Part IV, Budget Form
- _____ Attachments, collated as follows
 - IRS Determination Letter
 - Resume(s) of key project leader(s)
 - Two Letters of Recommendation

Are you an NQA member? Yes No *NQA membership is not a prerequisite for an award.*
How did you learn about the NQA Grant Program? Please include the name of the individual, publication, website, or other source. _____

Applicant is encouraged to make a copy of the completed application for her/his files.

Mail completed application to: NQA Grant Program
P.O. Box 12190
Columbus, OH 43212-0190

For overnight deliveries: 1890 Northwest Blvd., Suite 120, Columbus, OH 43212

APPLICATIONS MUST BE RECEIVED NO LATER THAN 4 PM, OCTOBER 15, 2011