



Del E. Webb Foundation

GRANT QUESTIONNAIRE

Date: _____

- 1. Do you have a working office in Arizona, California or Nevada? ____ Yes/No
- 2. Would all the funds be spent in Arizona, California or Nevada? ____ Yes/No
- 3. Would our funds go to organizations that in turn make grants to others? ____ Yes/No
- 4. Would 100% of our funds go to this project with no administrative fees? ____ Yes/No
- 5. Are you affiliated with a business that would profit from our funding? ____ Yes/No
- 6. Does your project TRULY align with our mission, vision and values? ____ Yes/No
- 7. Will you use a FISCAL SPONSOR? ____ Yes/No
- 8. Did you pass the online Quiz? ____ Yes/No
- 9. Is this for salaries? ____ Yes/No
- 10. Is this for a new program? ____ Yes/No
- 11. Is this for ongoing operation? ____ Yes/No
- 12. Is this for program expansion? ____ Yes/No
- 13. Are youth your target population? ____ Yes/No
- 14. Do you have a plan for sustainability? ____ Yes/No
- 15. Do you have a plan to measure outcomes? ____ Yes/No
- 16. Age of organization: ____ Years
- 17. Amount requested: _____
- 18. Percent of related project cost: _____
- 19. Your current total net assets: _____
- 20. Yearly salary of highest paid employee: _____
- 21. Number of people that will be served: _____

22. If the request is over \$500,000, would you accept yearly installments? ____ (Yes/No)
If YES, how many? (2-5) ____

23. How will this program result in long term benefit?

24. How is this program innovative?

25. Briefly explain what DEWF funds would be used for.

