



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.