

# 2026 Special Application

---

*The Norcliffe Foundation*

## *Instructions*

---

***This application is for requests greater than \$100,000. Please, contact us before making a request of this size.***

*Please complete the following questions concisely and avoid repeating information. Bullet points are encouraged. Character counts include spaces. \* Indicate required fields.*

*All file uploads require a PDF document.*

## *Organizational Information*

---

### **Mission Statement\***

Enter your organization's mission statement.

*Character Limit: 500*

### **Organizational Legal Name**

(if different than account name)

*Character Limit: 250*

### **IRS Ruling Date\***

Indicate the year your organization received 501(c)(3) status.

*Character Limit: 4*

### **Impact Area\***

Select the *primary* program area for your organization.

#### **Choices**

Arts & Culture  
Civic & Community  
Education  
Healthcare  
Human & Social Services

### **Primary Program Focus\***

Select the *primary* program focus of your organization. Please choose only one.

#### **Choices**

Academic Enrichment/Support

Addiction Recovery  
Adoption & Foster Care  
Advocacy/Policy  
Aging Care  
Animal Welfare  
Camps  
Churches  
Civic Involvement  
Clinic/Hospital  
Early Learning  
Economic Opportunity/Workforce Development  
Emergency/Disaster Response  
Environment/Conservation/Climate Change  
Family Support/Parenting  
Food Access/Security  
Historical Preservation  
Housing & Homelessness  
Human Trafficking  
K-12 Private Schools  
K-12 Public Schools  
Legal & Advocacy Services  
Libraries  
Media/Journalism  
Mental & Behavioral Health  
Museums  
Outdoor Recreation/Sports  
Parks  
Performing Arts  
Post Secondary Education  
Therapy/Service Animals  
Visual Arts  
Youth Enrichment

### Secondary Program Focus

You may list up to 4 secondary service areas that your organization addresses. They may or may not be from the list above.

*Character Limit: 250*

### Primary Geographical Impact\*

Select the *primary* county that will be impacted by this grant.

*Please note: If your program does not impact one of these areas, you are outside of our geographical guideline.*

### Choices

Island  
Jefferson  
King

Kitsap  
Mason  
Pierce  
San Juan  
Skagit  
Snohomish  
Thurston  
Whatcom

### General Purpose\*

Describe the work you do to fulfill your mission. What gap are you filling in the community? What unique role does your organization play in providing these services?

*Character Limit: 3000*

### Full-Time Staff\*

How many paid full-time employees your organization have? If none, please enter "0".

*Character Limit: 8*

### Part-Time Staff\*

How many paid part-time employees or contractors does your organization have? If none, please enter "0".

*Character Limit: 8*

### Complementary Organizations

Describe how your organization works or collaborates with others in the sector. What organizations offer similar programs?

*Character Limit: 2000*

### Board List\*

Input a list of your board of directors.

*Character Limit: 3000*

### Organizational Changes

Are there any significant changes to your organization, programs, leadership, or structure that have recently been made or that you anticipate will be made soon? If yes, please briefly describe.

*Character Limit: 1500*

## Request Information

---

### Amount of this request\*

*Character Limit: 20*

## Grant Type\*

### Choices

Capital or Comprehensive Campaign  
Program or Project Support

## Project Name\*

Name of the project, program, or campaign for which you are requesting support.

*Character Limit: 100*

## Brief Summary\*

Provide a sentence or two to describe your request.

*Character Limit: 400*

## Proposal\*

Tell us about the project, program, or campaign for which you are requesting support.

*Character Limit: 10000*

## Timeline\*

Describe the timeline for this work. If your proposal includes construction, please provide estimates (quarter and year) for permits, groundbreaking, and completion.

*Character Limit: 1000*

## Evaluation\*

How will you monitor your work to learn about changes that need to be made and/or to measure success?

*Character Limit: 5000*

## Challenges

What (if any) challenges do you anticipate? How will you address them?

*Character Limit: 2000*

## *Financial Information*

---

### Operating Budget\*

Enter the total amount of your organization's current annual operating budget.

*Character Limit: 20*

### Operating Budget Upload\*

Please upload a one-page version of your current annual operating budget showing expenses and income.

*File Size Limit: 2 MB*

### Balance Sheet\*

Please upload a one-page balance sheet.

*File Size Limit: 2 MB*

### Annual Private Fundraising Goal\*

Enter the total amount of your organization's annual budget that comes from private philanthropy.

Private philanthropy only includes funds from private sources (individuals, foundations, corporations). *Do not include* government grants, tax credits, or earned revenue.

*Character Limit: 20*

### Project Budget\*

Enter the total expenses for the program, project, or campaign.

*Character Limit: 20*

### Project Budget Upload\*

Please upload a one-page budget showing expenses.

*File Size Limit: 2 MB*

### Amount Raised Towards Project Budget\*

How much has your organization secured (received or pledged) towards the project budget? Include *all* funding sources including government grants, private philanthropy, tax credits, and earned revenue.

Amount raised should not exceed the project budget.

*Character Limit: 20*

### Project's Private Fundraising Goal\*

Please insert the *private philanthropy* fundraising goal for your program, project, or campaign.

Private philanthropy only includes funds from private sources (individuals, foundations, corporations). *Do not include* government grants, tax credits, or earned revenue.

Amount should not exceed project budget.

*Character Limit: 20*

### Amount Raised Towards Project's Private Fundraising Goal\*

How much has your organization secured (received or pledged) towards the project's private fundraising goal?

This should only include funds from private sources (individuals, foundations, corporations). *Do not include* government grants, tax credits, or earned revenue.

Amount raised should not exceed the corresponding goal.

*Character Limit: 20*

### **Fundraising Plan & Status\***

What are your potential and actual sources of philanthropic support for this project? Please upload a list of major funding received, pending, denied, or planned (identifying the source and amount for each). Be as specific as possible, but please limit your list to no more than two pages.

A sample fundraising plan can be found on our website, but the information is not required to be in that format.

*File Size Limit: 3 MB*

## *Other*

---

### **Anything else?**

Is there anything else you would like us to know about your work or proposal?

Feel free to upload an attachment if necessary. This is the place to include renderings for capital projects, brochures for programs, etc.

*Character Limit: 2000 | File Size Limit: 5 MB*