



APPLICATION FOR GRANT

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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\_\_\_\_\_

Business Organizations of Applicant: (Non-Profit Organization, Charitable Trust, or Unincorporated Association) \_\_\_\_\_

\_\_\_\_\_

Have you been determined by the Internal Revenue Service to be a Charitable Organization or a Public Charitable Corporation? (If the answer is yes, please indicate the date of the Internal Revenue Service Exemption Letter, and attach a copy. A Governmental Organization and most churches do not have such letters, but most other organizations will be exempt under Section 501 (c) (3) of the IRC.) If you are not now exempt by virtue of a letter or by virtue of being a Governmental Organization, please indicate why you believe you are qualified to be a charity under the Internal Revenue Service Code and Regulations, or if you have a request for a Determination pending. If pending, please state the circumstances and the expected date of approval.

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Please state the General Purpose of your Organization:

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Please indicate the amount of the Grant you are requesting and over what period of time? \_\_\_\_\_

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How long has your Organization been in existence?

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Please give the names and addresses of all Trustees and Officers of your Organization:

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Please attach a copy of your financial statement, which should include your most recent balance sheet and your most recent Statement of Income and expenditures for a one year period. If you are not able to attach, please indicate the reason:

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What is the purpose of the Grant, and the reason why you believe that it fits in with the general purposes of the Union County Foundation? (Please refer to our Guidelines for Grantmaking)\_\_\_\_\_

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Please indicate who will be supervising any Grant Funds, and if you are willing to make available to Union County Foundation a Critique of Effectiveness of the program. (This information would be helpful to the Foundation with respect to any future requests for funding.)\_\_\_\_\_

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Please attach a budget for the project for which the Grant is proposed. If for some reason you cannot attach such a budget, please explain:\_\_\_\_\_

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Please attach any additional information which you believe would be helpful or in lieu thereof, make any further explanation: \_\_\_\_\_

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Has this Grant Request the approval of your governing Board?

YES \_\_\_\_\_ NO \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

By: \_\_\_\_\_, Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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