

C. Louis Meyer Family Foundation

GRANT APPLICATION

ORGANIZATION NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

COUNTY: _____ PHONE: _____

FAX: _____ CONTACT PERSON: _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

TITLE: _____ PHONE: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

EXECUTIVE DIRECTOR'S NAME: _____

TYPE OF SUPPORT:(CHECK ONE) _____ PROGRAM/PROJECT _____ CAPITAL

AMOUNT OF CONTRIBUTION REQUESTED: \$ _____

ORGANIZATIONAL DATA

DOES YOUR AGENCY HAVE 501(C)(3) STATUS UNDER THE IRS CODE? _____

IF NO, PLEASE INDICATE NAME OF FISCAL AGENT: _____

IS YOUR AGENCY A MEMBER OF UNITED WAY? _____

IS YES, CURRENT FISCAL YEAR ALLOCATION? __ \$ _____

LIST TOTAL SOURCES OF INCOME FOR THE LAST COMPLETE FISCAL YEAR:

\$ _____ UNITED WAY

\$ _____ GOVERNMENT GRANTS/CONTRACTS

\$ _____ FOUNDATIONS/CORPORATE GRANTS

\$ _____ INDIVIDUALS/MEMBERSHIPS

\$ _____ EARNED INCOME(EXCLUDE GOVERNMENT CONTRACTS)

\$ _____ INVESTMENT INCOME

\$ _____ OTHER

\$ _____ TOTAL INCOME

BRIEFLY DESCRIBE THE MISSION OF YOUR ORGANIZATION.

MAJOR ACCOMPLISHMENTS OF YOUR ORGANIZATION DURING THE PAST YEAR.

GRANT DATA

RESPOND WITH REGARD TO PROJECT/PROGRAM

WHAT IS YOUR PRIMARY FIELD OF SERVICE? _____

WHAT IS YOUR PRIMARY GEOGRAPHIC SERVICE AREA? _____

WHAT IS THE PURPOSE OF THE GRANT SOUGHT? _____

HOW WILL RESULTS BE MEASURED? _____

LIST OTHER AGENCIES INVOLVED IN SIMILAR PROJECTS OR ACTIVITIES AND INDICATE
EXTENT OF COLLABORATION WITH EACH, IF ANY: _____

WHAT OTHER CORPORATE AND FOUNDATION FUNDING SOURCES ARE BEING CONTACTED FOR
SUPPORT? _____

WHAT METHODS OF FUND RAISING ARE BEING USED OR PLANNED? _____

APPLICATION PROCEDURES AND ENCLOSURES

THIS FORM SHOULD BE COMPLETED AND RETURNED TO US, TOGETHER WITH THE FOLLOWING ATTACHMENTS:

- A PROPOSAL DESCRIBING THE PROGRAM/PROJECT TO BE FUNDED INCLUDING THE TIMELINE, PURPOSE, EXPECTED OUTCOMES, AND CAPACITY TO MANAGE PROJECT. PROPOSAL SHOULD BE NO MORE THAN THREE PAGES IN LENGTH.
- THE AGENCY'S OPERATING BUDGET FOR THE CURRENT YEAR, SHOWING ANTICIPATED EXPENSES AND SOURCES OF INCOME.
- THE PROJECT BUDGET
- A COPY OF THE AGENCY'S FINANCIAL STATEMENT FOR THE MOST RECENT FISCAL YEAR, AUDITED IF AVAILABLE.
- A LIST OF CORPORATE AND FOUNDATION CONTRIBUTORS AND THE AMOUNT EACH CONTRIBUTED IN THE LAST AND CURRENT YEAR.
- THE AGENCY'S (OF FISCAL AGENT'S) CURRENT IRS LETTER CONFIRMING 501(C)(3) TAX-EXEMPT STATUS.
- A LIST OF THE ORGANIZATION'S MANAGEMENT STAFF AND GOVERNING BOARD.

PLEASE NOTE THAT APPLICATIONS ARE ACCEPTED STARTING AUGUST 1ST AND MUST BE POSTMARKED NO LATER THAN OCTOBER 31ST. GRANT APPLICATIONS ARE REVIEWED IN JANUARY OF THAT FOLLOWING YEAR AND NOTICES ARE SENT OUT IN MARCH.

SIGNATURE: _____ PRINT NAME: _____

TITLE: _____ DATE: _____

RETURN THIS APPLICATION TO: CAROL BARRETT
FOUNDATION ADMINISTRATOR
C. LOUIS MEYER FAMILY FOUNDATION
3180 RONAN DR.
LAKE IN THE HILLS, IL 60156