

# 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.

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MAJOR ACCOMPLISHMENTS OF YOUR ORGANIZATION DURING THE PAST YEAR.

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GRANT DATA

RESPOND WITH REGARD TO PROJECT/PROGRAM

WHAT IS YOUR PRIMARY FIELD OF SERVICE? \_\_\_\_\_

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WHAT IS YOUR PRIMARY GEOGRAPHIC SERVICE AREA? \_\_\_\_\_

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WHAT IS THE PURPOSE OF THE GRANT SOUGHT? \_\_\_\_\_

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HOW WILL RESULTS BE MEASURED? \_\_\_\_\_

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

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

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WHAT METHODS OF FUND RAISING ARE BEING USED OR PLANNED? \_\_\_\_\_

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## 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 1<sup>ST</sup> AND MUST BE POSTMARKED NO LATER THAN OCTOBER 31<sup>ST</sup>. 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  
261 PRESTWICKE BLVD.  
ALGONQUIN, ILLINOIS 60102