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| Grant Request Application |  |

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| Applicant Information | | | | | | | |
| **Name / Organization** | | |  | **Date** |  | | |
| **Street Address** | | |  | **Apartment**  **Unit #** |  | | |
| **City** |  | | | **State** |  | **ZIP** |  |
| **Phone Number** |  | | | **E-mail Address** |  | | |
| **Contact Name (If not already listed)** | |  | | | | | |
|  | | | | | | | |
| Grant information | | | | | | | |
| **Donation Requested (Item or Services)** | | |  | | | | |
| **Estimated Total Cost** | | |  | | | | |
| **Description of the Beneficiary (Beneficiaries) of the Donation and the Purpose and/or Need of the Donation** | | |  | | | | |
| Organization information (If applicable) | | | | | | | |
| **Type of Organization** | | |  | | | | |
| **EIN Number** | | |  | | | | |
| **Briefly Describe the Purpose of the Organization and/or Project for which funding is being Requested** | | |  | | | | |

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| attachments (If applicable) | | | |
| Supporting Documentation (Medical Bill, Estimated Cost of Requested Item, etc) | | | |
| Financial Statement / Budget | | | |
| Proof of Tax Exempt Status | | | |
| Any photographs to support your request | | | |
|  | | | |
| Signature | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | |
| Signature |  | Date |  |

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| For use by the merrick family foundation only | | | |
| By signing below, I:   1. Confirm that I have thoroughly reviewed the Grant Request Application and all supporting materials. 2. Certify that the proposed Grant Request Application complies/does not comply with our mission statement and guidelines. 3. Authorize that this Grant Request be approved/not approved in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_. | | | |
| Signature |  | Date |  |