



## GRANT APPLICATION

**Before completing this form, please read all instructions.**

The primary purpose of the GRANGER FOUNDATION is to enhance the quality of life within the Greater Lansing Area.

Our primary mission is to support Christ-centered activities. We also support efforts that enhance the lives of youth in our community.

### CRITERIA

The trustees of the GRANGER FOUNDATION prayerfully consider organizations and funding areas that are significant and have far-reaching value.

Because of the increasing needs in our own community, we generally concentrate our giving to the Tri-County area (Ingham, Eaton and Clinton counties).

The FOUNDATION assigns highest priority to projects falling within the criteria described above. Projects outside these are generally not encouraged.

The FOUNDATION does not make grants for the following:

- Endowments
- Church capital funds or improvements
- Fund raising
- Public schools capital funds or improvements, individual clubs (PTO, PTA, etc.)
- Social events
- Conferences
- Individuals
- Exhibits

### INSTRUCTIONS FOR PRESENTING A REQUEST

In order to be considered, the enclosed **Request for Funding** form must be completed in full and **submitted in quadruplicate**. Form letters and lengthy proposals may not receive the attention they warrant.

### REVIEW PROCEDURES

The GRANGER FOUNDATION will review grant requests semi-annually. Applications must be received no later than 5:00 p.m. on the 15<sup>th</sup> of April and October (or the following Monday if the 15<sup>th</sup> is a weekend or holiday). For those proposals that fall within the FOUNDATION program priorities, further investigation may be conducted or additional information may be requested.

### PROJECT EVALUATION

Funded projects or programs will receive a Project Evaluation form. This evaluation must be completed and returned to the FOUNDATION six months after the initial funding. The foundation will not provide any additional funding until the evaluation has been received and reviewed by the trustees of the GRANGER FOUNDATION.

# REQUEST FOR FUNDING

*(Please submit in quadruplicate)*

**GRANGER FOUNDATION**  
P. O. Box 22187  
Lansing, Michigan 48909-2187

By completing this form in its entirety, the GRANGER FOUNDATION can act upon your request in a timely manner.

**I. DATE** \_\_\_\_\_

**II. TITLE OF PROJECT** \_\_\_\_\_

**III. GENERAL INFORMATION**

A. Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) - ext. \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Web Site \_\_\_\_\_ Email \_\_\_\_\_

B. Contact Person \_\_\_\_\_

Address (if other than above) \_\_\_\_\_

Phone ( ) - ext. \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Web Site \_\_\_\_\_ Email \_\_\_\_\_

C. Officers & Board Members of Organization  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Staff (Director, etc.) \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) - ext. \_\_\_\_\_ Fax ( ) - \_\_\_\_\_ Email \_\_\_\_\_

**IV. SUMMARY DESCRIPTION OF PROJECT** for which funds are to be used.

*(Do not exceed 50-100 words - please use separate sheet)*

**V. NEEDS ASSESSMENT**

A. Explain briefly the needs this project meets.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Are there, to your knowledge, other organizations in our area addressing these needs? Yes  No   
If so, how do you justify your activity in this project?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. TIME FRAME**

- A. Anticipated beginning date for this project: \_\_\_\_\_
- B. Anticipated termination date of this project: \_\_\_\_\_

**VII. FUNDING**

- A. Total funds needed for project: \$ \_\_\_\_\_
- B. Anticipated funding sources:
1. Granger Foundation \$ \_\_\_\_\_
  2. Other (please name) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_
  3. Which of the above are firmly committed?  
\_\_\_\_\_  
\_\_\_\_\_
  4. How many of your Board of Directors have financially contributed toward this project/program? \_\_\_\_\_
  5. How much has been contributed by your Board of Directors toward this project/program?  
In-Kind \_\_\_\_\_ Funds \_\_\_\_\_
  6. Funds currently in your possession to be used for this project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. Have you contacted other funding sources than those above? If so, what were the results of those contacts?  
\_\_\_\_\_  
\_\_\_\_\_
- D. Does your organization have federal tax-exempt status under Section 501 (c)(3) of the Internal Revenue Code? Yes  No  (If yes, attach copy of the IRS ruling letter to original Application.)  
If you are other qualifying entity, please indicate:  
 School, not-for-profit only  
 Governmental (city, township, etc.)  
 Church or Religious Organization for community-benefit project
- E. Please enter your Federal Tax ID Number: \_\_\_\_\_
- F. Are you requesting funds for a **new program**? Yes  No ;  
an **existing program**? Yes  No ; or a **capital request** (i.e. to purchase equipment, build or renovate a building)? Yes  No
- G. Is this a one-time request or will you be submitting additional requests for funding?  
\_\_\_\_\_
- H. Number of people in the tri-county only (Ingham, Clinton and Eaton counties) to be served by project/program: \_\_\_\_\_
- I. Geographic area served by project/program: \_\_\_\_\_

J. Please attach the following information about this request ***and*** the parent or sponsoring organization:

- Current Year's Operating Budget
- Last Two Year's Operating Budgets with Comparison to Actual Expenditures
- Financial Statements for Previous Two Years
- Organization's Goals for the Previous Two Years and an Evaluation of these Goals
- Current Year's Goals
- Information About How This Request Fits into Your Overall Budget

**VIII. Upon receipt of this application, additional information *may* be requested from the applicant.**

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**ORGANIZATION**

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**Authorized Signature**

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**Print Name**