Grant Application

Before completing this form, please read all instructions.
This page should not be included with your application.

Purpose

The primary purpose of the Granger Foundation is to enhance the quality of life in the Greater Lansing, Michigan, Area.

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

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).

Criteria

All applying non-profit organizations must have federal tax-exempt status under Section 501 (c)(3) of the Internal Revenue Code.

If your program was funded in the previous grant cycle, please wait <u>one calendar year</u> before reapplying. If your application was declined, you are welcome to revise and resubmit it for consideration.

The Foundation does **not** award grants for the following:

- Endowments
- Fundraising
- Social events
- Conferences
- Exhibits
- Individuals
- Church capital funds or improvements
- Public school capital funds or improvements, organizations or clubs (PTO, PTA, etc.)

Instructions

In order to be considered for a grant, the Request for Funding form on the following pages must be completed in full and submitted in **quadruplicate**, delivered to 6267 Aurelius Road, Lansing, MI 48911. *Applications may be submitted bound by binder clips or paper clips only - no staples, binders or folders.* Requests should demonstrate clear impact to the community. Form letters and lengthy proposals may not receive the attention they warrant – requests are asked to be kept as concise as possible.

Review Procedures

The Granger Foundation reviews grant requests semi-annually. Applications must be received no later than **5 p.m. on the 15th of April and October** (or the following Monday if the 15th falls on a weekend or holiday). For those proposals that fall within the Granger Foundation program priorities, further investigation may be conducted or additional information may be requested.

The Granger Foundation | 6267 Aurelius Road | Lansing, MI 48911
More information: GrangerFoundation.org | 517.393.1670

Request for Funding

GRANGER FOUNDATION

Please submit four copies for consideration.
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 _____
Street Address _____
City, State, Zip _____
Remit-to Address ☐ Same as above
(This is where the check will be mailed)
Street Address _____
City, State, Zip _____

Phone _____
Website _____
Email _____

B. Contact Person _____
Address (if different than above) _____
Phone _____
Email _____

C. Officers, Board Members & Senior Staff of Organization

_____

IV. Summary of Project

Summarize how funds will be used.
Please do not exceed 100 words.

If additional space is required, please attach a separate sheet to your application

V. Needs Assessment

A. Explain briefly the needs this project meets:
Please do not exceed 50 words

B. Are there, to your knowledge, other organizations in our area addressing these needs?
If so, how do you justify your activity in this project?

Please do not exceed 50 words

☐ Yes ☐ No

VI. Timing

A. Anticipated beginning date for this project:

B. Anticipated end date for this project:

VII. Funding

A. Total funds needed for this project: _____

B. Funds being requested from the Granger Foundation: _____

C. Anticipated funding sources and commitment status *(list all donors except those that specifically request to be anonymous):*

D. Funds currently in your possession for this project: _____

E. Board of Director Contributions: _____

F. Have you contacted other funding sources than those above? If so, what were the results of those contacts?

If additional space is required, please attach a separate sheet to your application

VII. Funding con't

G. Does your organization have federal tax-exempt status under Section 501 (c) (3) of the Internal Revenue Code? ☐ Yes ☐ No *__If yes__, please include copy of the IRS ruling letter to this application. __If no__, you are not eligible to receive this grant.*

If you are another qualifying entity, please indicate:
- ☐ School, not-for-profit only
- ☐ Governmental (city, township, etc.)
- ☐ Church or religious organization for community-benefit project

H. Please enter your Federal Tax ID Number **(REQUIRED)**: _____

I. Are you requesting funds for a **new** program? ☐ Yes ☐ No
An **existing** program? ☐ Yes ☐ No
A **capital request**? *(i.e. to purchase equipment, build or renovate a property, etc.)* ☐ Yes ☐ No

J. Is this a one-time request or will you be submitting additional requests for funding? _____

K. Number of people in the tri-county area only (Ingham, Clinton and Eaton counties) to be served by this project/program: _____

L. Geographic area served by project/program: _____

Please attach and check the following information about this request and the parent or sponsoring organization:
- ☐ Current year's operating budget
- ☐ Last 2 years' operating budgets with comparison to actual expenditures
- ☐ Financial statements for the previous 2 years
- ☐ Your organization's goals for the previous 2 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.

_____ _____
Organization and Printed Name of Applicant Authorized Signature