



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

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 15th of April and October (or the following Monday if the 15th 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.

REQUEST FOR FUNDING

(Please submit in quadruplicate)

GRANGER FOUNDATION

6267 Aurelius Road
Lansing, MI 48911

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.

ORGANIZATION

Authorized Signature

Print Name