



GRANT APPLICATION

834 King Highway, Suite 110  
Kalamazoo, MI 49001

**Attach 501(c)(3)(or other IRS Code section)  
Note: Must be attached for the application to be considered.**

**APPLICATIONS ARE DUE THE 2<sup>ND</sup> TUESDAY IN SEPTEMBER OF ANY YEAR.**  
This Year's Due Date is September 12, 2017.

The Mignon Sherwood DeLano Foundation, Inc.

1. Grant Request from: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name of Organization: \_\_\_\_\_ Date Established: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

4. OFFICERS AND DIRECTORS OR TRUSTEES OF THE ORGANIZATION:

**\*\* THIS HAS TO BE ATTACHED FOR THE APPLICATION TO BE APPROVED \*\***  
**ATTACH A COPY OF IRS APPROVAL OF YOUR TAX EXEMPT STATUS UNDER SECTION 501©(3)**  
**(or other code section) OF THE INTERNAL REVENUE CODES.**  
**IF YOU CLAIM GOVERNMENTAL STATUS, PLEASE ATTACH OPINION OF COUNSEL.**

5. OBJECTIVES OF THE ORGANIZATION:

6. DESCRIBE THOSE YOUR ORGANIZATION SERVES AND THE NUMBER OF INDIVIDUALS OR FAMILIES SERVED BY YOUR ORGANIZATION:

7. AMOUNT REQUESTED: \$ \_\_\_\_\_

8. PURPOSE FOR WHICH THE FUNDS ARE REQUESTED:

9. PREVIOUS GRANTS FROM OTHER FOUNDATIONS IN THE LAST 5 YEARS:

\$ \_\_\_\_\_ FROM \_\_\_\_\_

\$ \_\_\_\_\_ FROM \_\_\_\_\_

\$ \_\_\_\_\_ FROM \_\_\_\_\_

\$ \_\_\_\_\_ FROM \_\_\_\_\_

10. HAS APPLICANT APPLIED FOR A GRANT FROM OTHER SOURCES FOR THIS GRANT?

YES \_\_\_\_\_ NO \_\_\_\_\_

11. IF YOU ANSWERED YES TO #10, PLEASE STATE:

WHEN GRANT WAS APPLIED FOR: \_\_\_\_\_

TO WHOM IT WAS APPLIED: \_\_\_\_\_

WHAT IS THE STATUS OF THIS GRANT APPLICATION: \_\_\_\_\_

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12. GRANTS ARE DISTRIBUTED AT THE BEGINNING OF DECEMBER OF A GRANT CYCLE. THE FOUNDATION NORMALLY DOES NOT GIVE EXPEDITED OR EMERGENCY GRANTS OUTSIDE OF THE GRANT CYCLE.

\_\_\_\_\_ - WE AGREE AND UNDERSTAND THIS POLICY.  
(Initial here)

13. IF THIS WILL BE A CONTINUING PROJECT, EXPLAIN IN DETAIL THE SOURCE OF FUNDS FOR OPERATION IN SUBSEQUENT YEARS:

14. EXPLAIN YOUR PLAN TO EVALUATE THE SUCCESS OF YOUR PROGRAM:

15. DO YOU ANTICIPATE MAKING GRANT REQUEST FOR THIS PROGRAM IN FUTURE YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_

16. IS THIS GRANT TO SUPPLEMENT AN ESTABLISHED PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

17. FINANCIAL RECORD OF ORGANIZATION: (ATTACH 2 YEAR SUMMARY OR ANNUAL REPORTS) OF FUNDS IN PREVIOUS YEARS:

18. MAJOR EXPENDITURES-CURRENT YEAR  
(ITEMIZE BUDGET ITEMS GREATER THAN 5% OF EXPENDITURES)

\$ \_\_\_\_\_ FOR \_\_\_\_\_

\$ \_\_\_\_\_ FOR \_\_\_\_\_

\$ \_\_\_\_\_ FOR \_\_\_\_\_

\$ \_\_\_\_\_ FOR \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

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19. MAJOR SOURCES OF FUNDS FOR CURRENT YEAR  
(ITEMIZE REVENUES BY CATEGORIES)

\$ \_\_\_\_\_ FROM \_\_\_\_\_

\$ \_\_\_\_\_ FROM \_\_\_\_\_

\$ \_\_\_\_\_ FROM \_\_\_\_\_

\$ \_\_\_\_\_ FROM \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

20. OTHER ASSETS AND INCOME AVAILABLE FOR CURRENT YEAR (endowment, reserves or other funds):

\$ \_\_\_\_\_ FROM \_\_\_\_\_

\$ \_\_\_\_\_ FROM \_\_\_\_\_

\$ \_\_\_\_\_ FROM \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

21. NUMBER OF PAID EMPLOYEES: \_\_\_\_\_

22. WILL THIS GRANT FUND OR PARTIALLY FUND ADDITIONAL EMPLOYEES:  
YES \_\_\_\_\_ NO \_\_\_\_\_

23. IS THIS ORGANIZATION A UNITED WAY AGENCY? YES \_\_\_\_\_ NO \_\_\_\_\_

24. ON A SEPARATE SHEET DESCRIBE IN DETAIL YOUR BUDGET FOR EXPENDITURES OF THE REQUESTED GRANT FUNDS (i.e. STAFF SALARIES, COST OF MATERIALS, FEES, TRAVEL AND SIMILAR EXPENSES).

25. PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL PERTINENT:  
(Attach additional pages if space is needed)

**(To be signed by the President of the Organization and by the individual to whom future questions and correspondence may be addressed).**

Board President: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**WHEN COMPLETE, PLEASE RETURN 3 COPIES OF THIS FORM, 3 COPIES OF ALL ATTACHMENTS, ALONG WITH 3 COPIES OF THE IRS APPROVAL OF YOUR TAX EXEMPT STATUS UNDER SECTION 501(c)(3)(or other IRS code section) AND ANY ATTACHMENTS TO:**

The Mignon Sherwood Delano Foundation, Inc.  
Grant Application  
834 King Highway, Suite 110  
Kalamazoo, MI 49001

All funds must be spent and final accounting must be received no later than the first Tuesday in September of that given year.

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