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 2ND TUESDAY IN SEPTEMBER OF ANY YEAR.
This Year's Due Date is September 8, 2026.

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 $ $0.00

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

$_____ FROM _____

$_____ FROM _____

$_____ FROM _____

$_____ FROM _____

TOTAL $ $0.00

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

$_____ FROM _____

$_____ FROM _____

$_____ FROM _____

TOTAL $ $0.00

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)

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Audits are due to the Delano Foundation's office located at 834 King Highway, Suite 110, Kalamazoo, Michigan 49001, no later than August 31st of any given year. If you have a good reason to need more time, please discuss with Tammy McDaniel, whose decisions on this matter are final. If your Audit with proof of proper expenditures (Invoices, Canceled Checks, Credit Card Statement, etc.) of all grant funds is not timely received, the Delano Foundation WILL NOT accept a grant application from your Organization for the following grant cycle.

This document must be signed by the President of the Organization, acknowledging the audit requirement above.

Please list one individual to whom future questions and correspondence may be addressed in the boxes below.

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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