**GRANT APPLICATION**

**MACKINAW STOUT FOUNDATION**

P.O. Box 165

Mackinaw, IL 61755

Please email or mail an application, a certificate of eligibility, and a copy of your tax exemption letter

 to the Foundation.

Name of Organization:

Contact Person and Title:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of contact person: \_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application:

Briefly describe the activities of your organization:

Total annual budget for your entire organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please list your primary sources of income:

List your current Board Members/ Officers:

**Grant Request**

1. Describe the project for which you are requesting grant money:

2. Total estimated cost for the proposed project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How much money has your organization committed to the total cost of this project and how much has already been secured? \****\*Organizations requesting grants from the fund for a specific program or project are expected to also raise money from other sources. Grants from the Mackinaw Stout Foundation will generally only match, or partially match, funds already raised by the requesting organization.***

 Amount your organization will contribute: $\_\_\_\_\_\_\_\_\_\_\_ Amount received from another source: $\_\_\_\_\_\_\_\_\_\_\_ source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount still needed for this project: $\_\_\_\_\_\_\_\_\_\_

 4. What is your time table for the completion of the project? *(Note:  Grant must be used by May 1st of the following year.)*

5. Approval of this project from the highest authority in the organization: *(must be a different name than the person submitting application. If first highest applying, add second person in authority.)*

Title of highest authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*Please attach of copy of your tax exemption letter and the certificate of eligibility to this grant application.*