



GRANT APPLICATION

834 King Highway, Suite 110  
Kalamazoo, MI 49001  
(269) 344-9236

**501(c)(3)(or other code section) of the Internal Revenue Code  
has to be attached for the application to be approved.**

**APPLICATIONS ARE DUE THE 2<sup>ND</sup> TUESDAY IN SEPTEMBER OF ANY YEAR.  
THIS YEAR DUE DATE-SEPTEMBER 14, 2010**

**The Mignon Sherwood DeLano Foundation, Inc.**

1. Grant Request from: \_\_\_\_\_ Date: \_\_\_\_\_
  
2. \_\_\_\_\_  
Name of Organization \_\_\_\_\_ Date Established \_\_\_\_\_
  
3. \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
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 THE POPULATION AND THE NUMBER OF INDIVIDUALS OR FAMILIES SERVED BY THE ORGANIZATION:

---

---

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

8. PURPOSE FOR WHICH THE FUNDS ARE REQUESTED:

---

---

---

---

---

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

_____	\$ _____
_____	\$ _____
_____	\$ _____

**\*\* 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**

11. HAS APPLICANT APPLIED FOR A GRANT FROM OTHER SOURCES THAN THIS GRANT? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

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

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

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

13. DATE(S) THE FUNDS FROM THIS GRANT WOULD BE NEEDED:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. IS THIS A NEW PROGRAM? \_\_\_\_\_ YES \_\_\_\_\_ NO

17. IS THIS A NEW PROGRAM WITHIN AN ESTABLISHED PROGRAM?

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

\*\* 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

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

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

---

---

---

---

20. EXPENDITURES-CURRENT YEAR (ITEMIZE BRIEFLY)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

21. SOURCE OF FUNDS FOR CURRENT YEAR:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

22. OTHER ASSETS AND INCOME AVAILABLE FOR CURRENT YEAR (ENDOWMENT, RESERVES OR OTHER FUNDS):

_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

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

24. WILL THIS GRANT INVOLVE ADDITIONAL EMPLOYEES: \_\_\_ YES \_\_\_ NO

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

26. ON A SEPARATE SHEET DESCRIBE IN DETAIL YOUR BUDGET AND DATE OR DATES FOR EXPENDITURE OF THE REQUESTED GRANT FUNDS (EG STAFF SALARIES, COST OF MATERIALS, FEES, TRAVEL AND SIMILAR EXPENSES).

27. ANY OTHER INFORMATION YOU FEEL PERTINENT: (Attach additional pages if space insufficient)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Contact Person, Title

\*\* 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

WHEN COMPLETE, PLEASE RETURN TWO (2) COPIES OF THIS FORM, TWO (2) COPIES OF ALL ATTACHMENTS, ALONG WITH TWO (2) COPIES OF THE IRS APPROVAL OF YOUR TAX EXEMPT STATUS UNDER SECTION 501(c)(3)(or other code section) OF THE INTERNAL REVENUE CODES 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.

**\*\* 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