

*****This is 1 of 2 documents to submit in order to apply for a grant from the Griffin Family Foundation, Inc. You must also submit, with this Grant Application, a "Grant Request – Preliminary Information" form found on our website at: griffinfamilyfoundation.com.*****

**GRIFFIN FAMILY FOUNDATION, INC.
ANNA MARGARET GRIFFIN, FOUNDER**

100 North Jefferson
Mexico, Missouri 65265

Telephone: 573-581-5280

DIRECTORS:
BRENDAN WEBBER
VIRGINIA PEHLE
MELODY FARNEN
BEN STEINMAN
DAN K. ERDEL

GRANT APPLICATION

Please provide the following information to be reviewed by the Foundation Board. Two board meetings are held each year, the first in April and the second in September. All grant requests to be reviewed during the April meeting must be received by 5:00 p.m. CST on March 15th. All grant requests to be reviewed during the September meeting must be received by 5:00 p.m. CST on August 30th. If March 15th or August 30th falls on a holiday or weekend, acceptance shall be extended to 5:00 p.m. CST the following business day. For additional information, please contact Paige Maximovitch at 573-581-5280.

Organization Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Contact Person: _____ Title: _____

Phone No.: _____ Email: _____

Director of the program: _____

Phone No.: _____ Email: _____

Total Agency Budget: _____ Program Budget: _____

Amount Requested: _____

Project Title: _____ Project Start Date: _____

Is this a new program for your organization? Yes No

For entire organization:

Fund raising costs: \$ _____ % _____ of operating budget

Administrative costs: \$ _____ % _____ of operating budget

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Projected next year's operating budget for entire organization: \$ _____

Fund raising costs: \$ _____ % _____

Date on which fiscal year begins: _____ Date Incorporated: _____

Type of request:

- General support Start-up costs Other: _____
- Project support Technical assistance Endowment
- Capital Expenditures

Principal source of support:

_____ % United Way _____ % Government contracts

_____ % Foundations/corporations _____ % Earned Income

_____ % Individual contributions _____ % Other: _____

Have you previously received funding from the Griffin Family Foundation, Inc.? Yes No

Purpose of request: (The summary should not exceed the space provided) _____

Why is this program unique? Why is it needed? _____

Summarize the organization's history, mission and goals: _____

List any other organizations in the area with a purpose similar to your organization and describe collaboration, if appropriate: _____

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Describe what changes will occur as a result of your program: _____

Funding sources and amounts applied for, received or committed: _____

How will you know this project succeeded at the end of this grant? (list three goals, measurable if applicable, for the project) _____

Please enclose the following information with this application:

- A complete budget for the project or program;
- The current annual operating budget of your organization; include in-kind services and volunteers' hours contributed;
- Current Board of Directors, listing business addresses and occupations;
- Current audited financial report; and,
- Brochures, additional information regarding your organization.

The Foundation considers grant applications only from public charities as defined under the Internal Revenue Code and application regulations. An applicant must have obtained a 501(c)(3) determination letter prior to submitting an application and must include a copy with this application. If the applicant is not required to have obtained a 501(c)(3) letter, it must provide a copy of an IRS letter or a legal opinion certifying that the applicant is a public charity as described in section 509(a) (1), (2) or (3).

Please **mail or deliver** all grant requests to:

Griffin Family Foundation, Inc.
ATTN: Dan K. Erdel
100 N. Jefferson
Mexico, Missouri 65265

Please do not fax or email any documents to our office. Thank you for your request.

Griffin Family Foundation, Inc.
Board of Directors