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| Grant Request Application |  |

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| Applicant Information |
| **Name / Organization**  |  | **Date** |  |
| **Street Address** |  | **Apartment****Unit #** |  |
| **City** |  | **State** |  | **ZIP** |  |
| **Phone Number** |  | **E-mail Address** |  |
| **Contact Name (If not already listed)** |  |
|  |
| Grant information  |
| **Donation Requested (Item or Services)** |  |
| **Estimated Total Cost** |  |
| **Description of the Beneficiary (Beneficiaries) of the Donation and the Purpose and/or Need of the Donation** |  |
| Organization information (If applicable) |
| **Type of Organization** |  |
| **EIN Number** |  |
| **Briefly Describe the Purpose of the Organization and/or Project for which funding is being Requested**  |  |

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| attachments (If applicable) |
| [ ]  Supporting Documentation (Medical Bill, Estimated Cost of Requested Item, etc) |
| [ ]  Financial Statement / Budget |
| [ ]  Proof of Tax Exempt Status |
| [ ]  Any photographs to support your request |
|  |
| Signature |
| I certify that my answers are true and complete to the best of my knowledge. |
| Signature |  | Date |  |

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| For use by the merrick family foundation only |
| By signing below, I:1. Confirm that I have thoroughly reviewed the Grant Request Application and all supporting materials.
2. Certify that the proposed Grant Request Application complies/does not comply with our mission statement and guidelines.
3. Authorize that this Grant Request be approved/not approved in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_.
 |
| Signature |  | Date |  |