

# Grant Application

## Robert and Christine Steinmann Family Foundation

Grant #: \_\_\_\_\_ (to be assigned by the Robert and Christine Steinmann Family Foundation)

1. Full LEGAL name of the organization

*(This is the name as it appears on your Articles of Incorporation)*

\_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

3. Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

4. Date of Application \_\_\_\_\_

5. Name and Phone number of Individual to be contacted regarding this grant Application.

\_\_\_\_\_

6. Name of Grant Project: \_\_\_\_\_

7. Amount of Grant funds requested. \$ \_\_\_\_\_

8. Employer Identification Number: \_\_\_\_\_

9. Attach as Exhibit "A" a copy of the organization's most recent IRS determination Letter showing 501(c) (3) tax-exempt status.

10. Attach as Exhibit "B" a copy of the organization's most recent tax return and/or audited financial statements.

11. Attach as Exhibit "C" copies of the following current documents; Articles of Incorporation, Bylaws, and List of current Board of Directors and Officers including addresses and phone numbers.

12. Attach as Exhibit "D" a brief history of the organization to include past programs and projects, type of persons served or affected by activities and future goals of the organization.

13. Attach as Exhibit "E" a description of the project or activity for which grant funds are being requested. This description should include the purpose and the goals to be achieved.

14. Describe any relationships, business or personal, that exist between any Officer or Directors of your organization and any officer or Director of the Robert and Christine Steinmann Family Foundation:

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15. List the dates and amounts of any previous grants your organization has received from the Robert and Christine Steinmann Family Foundation.

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16. List the names, addresses and phone numbers of any other donor organizations you expect to receive funds for this projects. List request that may still be pending.

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17. Date of your last request to the Robert and Christine Steinmann Family Foundation

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18. If your grant request is approved, will you execute and abide by the terms of our grant agreement form? Yes\_\_\_\_\_

19. I, (Name) \_\_\_\_\_, (Title) \_\_\_\_\_, of the (Organization) \_\_\_\_\_ have reviewed this application and believe it to be true, correct and complete. I further represent that the governing body of the organization authorized the making of this request.