



## MMS GIVING FOUNDATION GRANT APPLICATION FORM

Please contact us at [info@mmsgiving.org](mailto:info@mmsgiving.org) with any questions. Use only Adobe Reader to complete this form.

Date \_\_\_\_\_

ORGANIZATION APPLYING \_\_\_\_\_  
(Name as it appears on IRS Determination Letter)

Federal tax exempt number \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature of President or Director \_\_\_\_\_ Type Name \_\_\_\_\_

1. Amount requested from the Foundation: \$ \_\_\_\_\_

2. What is the purpose of this grant? In the narrative please address the population served, the number of individuals served or affected, and the geographic area of those affected. (Please limit to 150 words or less)

3. Provide a brief description of your organization and its primary objective. Also include the date established, number of paid employees and number of volunteers. (100 words or less)



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4. Current annual budget \$ \_\_\_\_\_

Amount budgeted for administration \$ \_\_\_\_\_

5. Total financial support received in the last fiscal year \$ \_\_\_\_\_

### Sources of this Support

Memberships & individual contributions \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Fundraising benefits \$ \_\_\_\_\_

United Way \$ \_\_\_\_\_

Corporations\* \$ \_\_\_\_\_

Foundations\* \$ \_\_\_\_\_

Government programs\* \$ \_\_\_\_\_

\*Indicate below, the dollar amount of support received from each for the last fiscal year.

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

6. Describe the need for your program or project. This may include discussion of the individuals or groups affected, and how the problem or need has arisen. (200 words or less)



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7. How does your program or project address the problem or need? (120 words or less)

8. Describe your organization's qualifications to address the problem or need. (120 words or less)

9. Describe the duration of the program for which you are seeking funds. (75 words or less)

10. What is the total amount needed for this program \$ \_\_\_\_\_

11. If applicable, list other groups addressing the same or related objectives and the extent of your coordination.  
(75 words or less)



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12. If the project is successful, how will it be funded in the future? (75 words or less)

13. For your last fiscal year provide specific examples of the number of clients served and/or benefits derived from the program. (120 words or less)

14. Describe the program's evaluation plan. Be specific about who will evaluate it, expected dates for meeting objectives and criteria for judging success. (75 words or less)