



MMS GIVING FOUNDATION GRANT APPLICATION FORM

Please contact us at info@mmsgiving.org with any technical questions. Use only Adobe Reader to complete this form.

Date _____

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

Address _____
Street City State Zip

Contact Person _____
Name Title

Telephone _____ Fax _____ Email _____

Signature of President _____

Signature of Director _____

Type Name _____

Type Name _____

1. Amount requested from the MMS Giving Foundation: \$ _____

What is the specific purpose of this grant? (please limit your answer to 75 words or less)

2. Brief description of your organization and its primary objective: (please limit your answer to 75 words or less)

Date established: _____ Number of paid employees: _____ Number of volunteers: _____

3. (A) How many people benefit from your Organization? _____

(B) How many people will benefit from the specific purpose of the grant? _____

(C) What geographic area will benefit from the specific purpose of the grant? _____

4. Current annual budget \$ _____

Amount budgeted for administration \$ _____



GRANT APPLICATION FORM

5. Total financial support received last fiscal year \$ _____

(Institutions of higher learning and hospitals need not answer this question.)

Sources of this Support

Memberships & Individual Contributions: \$ _____

Fees: \$ _____ Fundraising Benefits: \$ _____

United Way: \$ _____ *Corporations: \$ _____

*Foundations: \$ _____ *Government Programs \$ _____

*Identify and indicate dollar amount of support from each during last fiscal year.

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

6. Amount raised through fund raising activities last year (include membership drives, benefits, etc.) \$ _____

Costs incurred in raising those funds (include salaries, brochures, mailings, professional services, grant writing)

\$ _____

7. Please describe the need for your program. This may include the characteristics of the need, typical individuals/groups that will be served and how the need has arisen (e.g. who, what, where and why). Please include statistical and/or narrative evidence: (please limit your answer to 200 words or less)

8. What are the program’s specific objectives? (please limit your answer to 120 words or less)

9. Indicate your organization’s special qualifications to address these objectives. (please limit your answer to 120 words or less)



GRANT APPLICATION FORM

10. Describe duration of the program for which you are seeking funds. (please limit your answer to 75 words or less)

11. If applicable, list other groups addressing the same or related objectives and the extent of your coordination with each in developing your proposal. (please limit your answer to 75 words or less)

12. If applicable, state existing commitments of support, (financial and in-kind), from the community the program will serve. (please limit your answer to 75 words or less)

13. Total Amount Needed for this program \$ _____

List other sources of support being approached:

Source	Amount Requested	Current Status
	\$	
	\$	
	\$	

14. If project is successful, how will it or like projects be funded in the future? (please limit your answer to 75 words or less)

15. Relative to your program’s budget, provide specific information regarding the number of clients served and/or benefits derived. (example: Program budget \$1,500; serves 150 children learning to read.) (please limit your answer to 75 words or less)

16. Describe the program’s evaluation plan. Please be very specific about who will evaluate it; expected dates for meeting your objectives; criteria for judging success (such as dollars saved, problems solved, etc.). (please limit your answer to 75 words or less)