

# GRANT APPLICATION

## MIRIAM G. KNOLL CHARITABLE FOUNDATION

Please use this page as a cover for your application, followed by information requested in the order specified. Proposals must be for programs serving residents of the Middletown area and meet the mission of the funding organization. Please keep a copy of the complete application for your records. Original applications will not be returned.

Name of Organization: \_\_\_\_\_

**Important: Unless you are a governmental unit, a qualified church, or an entity covered by a group exemption, your name must be the same as on the IRS determination letter or you must submit documentation of your name change and notification to the IRS of that change.**

Address: \_\_\_\_\_ Date established \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

City, State, zip code: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

Grant Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

### ABOUT THE PROJECT OR PROGRAM TO BE FUNDED

Title: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Implementation date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Number of participants: \_\_\_\_\_

In two or three sentences explain what the project or program is intended to accomplish, the benefits to the community and the activities that will lead to the desired outcome. If the request is for equipment, please explain how the purchase will benefit the community.

---

---

---

---

### **The organization has in its possession a currently valid IRS letter (attached as Supplemental Information #1) stating that your organization has been determined to be:**

\_\_\_\_\_ an exempt IRC Section 501(c)(3) organization and has been classified as a public charity described in IRC Section 509 (a) (1), (2) or (3)

\_\_\_\_\_ an exempt operating foundation described in IRC Section 4940 (d) (2)

\_\_\_\_\_ an entity covered by a group exemption. (A copy of group exemption letter and documentation of your inclusion are attached.)

\_\_\_\_\_ Our organization is a qualified church or governmental unit and therefore does not have a 501(c)(3) letter from the IRS. (Other documentation of this status is attached.)

**Supplemental Information #2:** Most recent Form 990. If the organization is not required to file form 990, please include most recent operating statement.

**Supplemental Information #3:** Your mission statement and roster of current trustees.

**Supplemental Information #4:** Enclose a narrative of no more than three pages answering the following:

- (a) What is the community need to be met?
- (b) How was this need determined?
- (c) How does this program fit the mission of the organization?

- (d) Who will be the primary beneficiaries if a grant is made?
- (e) If this is a collaborative effort, please list partners and describe collaboration.
- (f) Describe how the program will be evaluated for effectiveness.
- (g) How will this program be funded?
  - a. If the grant is made, after grant money is expended.
  - b. If the grant is denied.

**Supplemental Information #5: USE OF FUNDS**

Total cost of project:	_____
Grant requested from Foundation:	_____
Other sources of funds and amounts:	
_____	_____
_____	_____
_____	_____
_____	_____

Expenditure of grant money: Explain in detail how a grant from the Foundation will be used: give amounts for salaries and benefits, purchased services (consultants, outside service providers) supplies, equipment, and other uses. Please attach a line-item project budget showing all sources of income and all expenses for the project.

**Supplemental Information #6: Signed Grant Agreement.**

**Information for grant seekers:**

**Miriam Knoll Foundation** considers grants four times per year. Applicants for grants of more than \$5,000 should use this form. Grant applications for amounts less than \$5,000 may use this form or submit a business letter. Applications may be submitted at any time to:

Miriam Knoll Foundation  
 c/o First Financial Bank  
 1 East 4<sup>th</sup> Street  
 Cincinnati, OH 45202

Requests will be considered at the next meeting of the trustees.

# MIRIAM G. KNOLL FOUNDATION

## GRANT AGREEMENT

The Governing body of \_\_\_\_\_(organization) hereby submits a proposal for funding to Miriam G. Knoll Foundation and agrees to the following conditions:

1. A policy of non-discrimination will be followed in all matters of employment, volunteer opportunities and the delivery of programs and services.
2. The grant, if made, will be used only for the purposes described in this grant proposal.
3. Requests for information/documentation from staff members of Grant maker will be met in a timely manner.
4. Any change in tax exemption or inability to complete the project as proposed will be reported to the Funder's staff in a timely manner.
5. If the request for funding is granted, we will acknowledge the funder's support in all publicity relating to this project.
6. If the above conditions are not met, unexpended grant money will be returned to the Foundation immediately upon a written request received from the Funder.

The applying organization hereby accepts and agrees to the terms and conditions of this agreement.

\_\_\_\_\_  
Signature, President of the Board of Trustees

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Chief Executive Officer

\_\_\_\_\_  
Date