

Muncie Altrusa Foundation, Inc. Date Reviewed by Board_

P.O. Box 923 Muncie, IN 47308-0923

(Foundation use only)

grants@munciealtrusafoundation.org

www.munciealtrusa.org

| G | RANT APPLICATION | N – ORGANIZATION |
|---|----------------------------------|---|
| Award: \$10,000 | | |
| Application Available: October | r 15, 2023 | |
| Application Deadline: Decemb | er 15, 2023 | |
| | ducational and other charital | fit organizations located in Delaware ble purposes. Funds may be used to develop |
| | rill be notified by January 8, | sentation to the Altrusa Foundation Board 2024. A one-time award of \$10,000 will be |
| A post grant report is required w | rithin one year of the date the | e grant was awarded. |
| Organization name | | |
| City | State | Zip code |
| Phone | Email | |
| Contact person | | Federal EIN |
| Amount Requested | Dates for project imple | ementation |
| If funds are awarded, a post granthan one year after the date the g | nt report will be filed with the | nd all supporting documents are accurate. e Muncie Altrusa Foundation, Inc., no later |
| Signature of Applicant | | Date |



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GRANT APPLICATION – ORGANIZATION

Application Requirements

Please use the following checklist to ensure that all required information is included in your grant application packet. Incomplete packets will not be reviewed.

Grant application checklist:

| This grant application cover sheet | | |
|--|--|--|
| The organization's mission statement | | |
| A list of the organization's officers and board of directors | | |
| A copy of the organization's Federal IRS determination letter | | |
| A letter of endorsement from the organization's Board President or Executive Director | | |
| Current year operating budget for the organization | | |
| Brief proposal that provides: (should not be longer than 3 pages) | | |
| Description of the project/program for which funding is being requested Target population or intended impact Estimated number of persons to be served (where appropriate) Goals and objectives to be achieved Plans for modifying the project if only partial funding is received The date by which funding is needed | | |
| Method of evaluation | | |
| Attach a project budget and narrative stating the following: | | |

- Total cost of the project with a breakdown of expenses
- Other anticipated and secured sources of financial support and the amounts provided
- Specific use of Muncie Altrusa Foundation grant funds, if received

The Muncie Altrusa Foundation Grants Committee reserves the right to request additional information.

Please send grant application packets to: grants@munciealtrusafoundation.org or Muncie Altrusa Foundation, Inc., ATTN: Grants Committee, P.O. Box 923, Muncie, Indiana 47308.