



Muncie Altrusa Foundation, Inc.

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

www.munciealtrusa.org

Date Reviewed by Board \_\_\_\_\_  
(Foundation use only)

## GRANT APPLICATION - ORGANIZATION

### Eligibility:

Eligible organizations must be 501(c)(3) nonprofit organizations located in Delaware County requesting funding for educational, scientific and other charitable purposes. Funds may be used to develop new programs or to fund existing programs. As a general policy, no more than \$2,000 or less than \$250 will be awarded to an organization within a given year. Partial funding may be awarded. Funds will **not** be awarded for operating expenses, budget deficits, fraternal organizations, special events and dinners, advertising, annual campaigns, lobbying, multi-year commitments, conference fees, research fees, or professional fees.

Applications are reviewed throughout the year. Written notification of the Grants Committee's decision will be mailed within 90 days. A post grant report is required within one year of the date the grant was awarded.

Organization name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact person \_\_\_\_\_ Federal EIN \_\_\_\_\_

Email \_\_\_\_\_

Amount Requested \_\_\_\_\_ Dates for project implementation \_\_\_\_\_

### Statement of Applicant:

I certify that, to the best of my knowledge, this application and all supporting documents are accurate. If funds are awarded, a post grant report will be filed with the Muncie Altrusa Foundation, Inc., no later than one year after the date the grant was awarded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Muncie Altrusa Foundation, Inc.  
P. O. Box 923  
Muncie, Indiana 47308-0923

"Serving special needs in Delaware County"  
[www.munciealtrusa.org](http://www.munciealtrusa.org)

## GRANT APPLICATION - ORGANIZATION

### Application Requirements:

Please use the following checklist to insure 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 in the event that only partial funding is received (if Muncie Altrusa Foundation is the sole funder)
  - 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: Muncie Altrusa Foundation, Inc.,  
ATTN: Grants Committee, P.O. Box 923, Muncie, Indiana 47308.**