



THE DOUGLAS MACHINE
FOUNDATION

Grant Application

Date of application: _____ Application submitted to: _____

Organization Information

| | | | |
|---|-------|--------------------------|--------------------------------------|
| Name of organization | | Legal name, if different | |
| Address | | City, State, Zip | Employer Identification Number (EIN) |
| Phone | Fax | Web site | |
| Name of top paid staff | Title | Phone | E-mail |
| Name of contact person regarding this application | Title | Phone | E-mail |

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No
 If no, is your organization a public agency/unit of government? _____ Yes _____ No
 If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

 _____ Fiscal agent's EIN number

Foundation Focus Area with which your organization aligns (check all that apply)

_____ Social Services _____ Education _____ Faith-Based Initiatives

Please give a summary of how your organization fits into our Foundation focus areas:

Proposal Information

Please give a two to three sentence summary of request:

| | |
|--------------------|-------------------------|
| Population served: | Geographic area served: |
| | |

Funds are being requested for (check one) *Note: Please be sure funder provides the type of support you are requesting.*

General operating support Start-up costs Capital
 Project/program support Technical assistance Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: \$ _____
Total annual organization budget: \$ _____
Total project budget (for support other than general operating): \$ _____

Authorization

Name of top paid staff or board chair

Title of top paid staff or board chair

Signature

Date