



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