

# The Robert S. Morrison Foundation

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Ashtabula, Ohio 44005-0580  
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www.robertsmorrisonfoundation.org

## GRANT APPLICATION

Date: \_\_\_\_\_

Legal name of organization: \_\_\_\_\_

Year Founded: \_\_\_\_\_ Current Annual Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (principal administrative office): \_\_\_\_\_

Preferred Mailing Address (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

## PROJECT INFORMATION

Project Name: \_\_\_\_\_

Program Director/Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail \_\_\_\_\_

Summary of Grant Purpose \_\_\_\_\_

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Total Project Cost: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Is this request for a Capital or Operating Program? \_\_\_\_\_

Project Period: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Geographic Service Area: \_\_\_\_\_

Other Possible Sources of Funding:

|    | <u>Source</u> | <u>Date Submitted</u> | <u>Status</u> |
|----|---------------|-----------------------|---------------|
| 1. | _____         | _____                 | _____         |
| 2. | _____         | _____                 | _____         |
| 3. | _____         | _____                 | _____         |

GRANT APPLICATION (page two)

List any other partners in the project or program and their respective responsibilities: \_\_\_\_\_

\_\_\_\_\_

List any similar projects or programs and how your proposal differs, and what efforts will be made to work cooperatively. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe long term strategies for funding this project at the end of the grant period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Information

Provide a summary of your organizations history: \_\_\_\_\_

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Provide a brief summary of your organizations current programs, activities and recent accomplishments: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Signature Chairperson, Board of Directors

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

GRANT APPLICATION (page three)

The following information is to be submitted with this application. Six copies are to be provided.

1. Full memorandum detailing request.
2. Proof of current 501c3 status.
3. Copies of last year's and the most recent YTD interim financial statements (income statement, balance sheet and statement of cash flows).
4. A list of your organization's officers, directors and trustees.
5. Any other information which you believe will better help the Robert S. Morrison Foundation better evaluate the merits of your application.
6. Copies of last year's Form 990.
7. Signed Acknowledgement.