



Furthering education and improving the quality of life for the community we serve.

GRANT APPLICATION

Thank you for your interest in the Alliance Catholic Foundation Grant Program. Grants on behalf of Alliance Catholic Foundation will be awarded to organizations who support the mission and align themselves with our core foundation values, which focus on furthering education and improving the quality of life in the communities we serve.

Visit AllianceCatholicFoundation.org for Grant Request Guidelines.

Please mail completed application to:

Alliance Catholic Foundation / Attn: Operational Committee
26913 Northwestern Hwy Ste 520
Southfield, MI 48033

Or email your application to GrantRequests@AllianceCatholicFoundation.org

Date of Application Submission (day/month/year): _____

Contact Information

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Website Address: _____

Federal Tax ID Number: _____

Executive/President: First Name: _____ Last Name: _____

Executive/President: Email Address: _____

Primary Contact (if different): First Name: _____ Last Name: _____

Primary Contact: Email Address: _____

Telephone Number: Primary: _____ Other: _____

Organization Information

Mission Statement:

Audience Served by the Organization

Are you a 501 (C)(3) organization? YES: _____ NO: _____

Year Established: _____

Business in State of Michigan: YES: _____ NO: _____

Business Outside State of Michigan: YES: _____ NO: _____

 If YES, Percentage of Business in Michigan: _____%

Top 5 Donors during the last fiscal year: (List First/Last Name and/or Organization Name):

1. _____
2. _____
3. _____
4. _____
5. _____

Total Fund Distribution (must = 100%) Administration: _____% Programs: _____%

Number of Full Time Employees: _____

Number of Part Time Employees: _____

Proposed Grant Request

Grant request for supporting (Check One):

_____ Education

_____ Improving Quality of Life

Program/Project Name: _____

Program/Project Purpose: _____

Program/Project Timing: _____

Number of People Impacted: _____

Total Project Budget: \$_____

Requested Amount (must not exceed \$5,000): \$_____

Funds Needed by (mo/day/year): _____

Description of the specific need/problem being addressed through the grant:

Explain how you will measure the effectiveness of your activities:

How will Alliance Catholic Foundation Be Recognized?

I have included other attachments I would like considered with my application (optional): YES: _____ NO: _____

NOTE: Upon review of your application, Alliance Catholic Foundation reserves the right to request additional information to submit to the committee or to prove your tax-exempt status. Additional information may include:

- W9
- Current IRS 501 (c)(3) Recognition Letter
- Most recent, current independent financial audit - IRS Form 990
- YTD financial statement (income and expense) for your current fiscal year
- Most Recent Annual Statement (audited if available)
- Detailed Budget of the Project which funds are being sought
- Current Board of Directors list with background and affiliation of each member
- Letters or other documentation from the collaborating agencies.

Agreement

By submitting this application, I do hereby consent and agree that the Alliance Catholic Foundation may use my likeness and/or recordings of my voice in the production of advertisements, or in any manner or form, for legitimate purposes, and at any time or place it desires.

I release and discharge the Alliance Catholic Foundation from any liability to me by virtue of any alteration that may occur from using my likeness and/or recordings of my voice in advertisements or other publicity purposes.

This agreement is binding on my heirs, successors and assigns, and represents the entire agreement between myself, my organization and the Alliance Catholic Foundation regarding the matters herein agreed.

THE INFORMATION PROVIDED IN THIS APPLICATION AND SUBSEQUENT REQUESTS FOR INFORMATION RELATED TO THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Name: _____

Title: _____

Signature: _____

Date: _____

For internal purposes only

Date received (day/month/year): _____

Approved: _____ Denied: _____ Pending: _____

Comments:

TAX ID #: 82-2671837