

# Ellis Family Charitable Foundation Grant Application

\_\_\_\_\_ (Legal name of your non-profit organization)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, ZIP)

\_\_\_\_\_ (County)

Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Website: \_\_\_\_\_

Authorized Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Executive Contact: \_\_\_\_\_ Professional Title: \_\_\_\_\_  
(Organization's chief executive officer/director—this is your organization's highest-ranking salaried position)

Has your organization's board of directors authorized this person to sign legal documents?  Yes  No

Date the organization's fiscal year begins: \_\_\_\_\_

*In 100 words, please describe your organization and attach to this Application. (An alternative is the organization's booklet or other information)*

## Board and officers of the organization:

Board Chairperson: \_\_\_\_\_

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

↑ an officer of the nonprofit corporation will sign any necessary legal documents; please select one officer.

Is your organization Tax Exempt under Internal Revenue Code 501(c)(3)?  Yes  No

Your EIN: \_\_\_\_\_

(If YES, please attach current IRS determination letter or ruling with EIN# to this form.)

(If approved, grant cannot be paid until determination letter or ruling is received.)

If you answered NO to the question above, is your organization part of a municipality?  Yes  No

(i.e. part of city, state, town or county government. Examples: public school system, city recreation departments, county council on aging, mental health, etc.)

No  Yes, name of municipality, etc. \_\_\_\_\_

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Dollar Amount Requested: \_\_\_\_\_

Total project budget: \$ \_\_\_\_\_

When will this project start? *Or* When did it start? \_\_\_\_\_

Short summary of project/grant request (250 words maximum). Attach this sheet to your application.