

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.