



GRANT APPLICATION

SECTION #1: ELIGIBILITY - Review the following eligibility checklist to ensure your program/organization is eligible. Mark an (X) next to the statement indicating that you have read and acknowledge the statement is true for your organization/program.

- Organizations/programs benefit families in the Inland Northwest
- Organization has 501 (c) 3 IRS Status
- Program is targeted to children battling cancer and their families
- Organization does NOT generate more than 50% of funding from government
- Requested funding is not for planned advertising or fundraising drives
- Organization is NOT associated with partisan, political or religious affiliation
- Organization is NOT an intermediary funding agencies (not-for-profit organization asking The Rypien Foundation for funds to distribute to other not-for-profit organizations)
- Requested funding is NOT for specific program(s) which have already been completed

SECTION #2: GRANT REQUEST OVERVIEW

A. ORGANIZATION CONTACT INFORMATION:

Name of Organization: _____

Contact Name: _____

Contact Title: _____

Address: _____

Phone: _____

E-mail: _____

Website: _____

B. GRANT AND BUDGET:

Grant Request Amount: _____

Program/Project Budget Size: _____

Organization's Annual Budget: _____

C. MISSION STATEMENT:

D. ORGANIZATIONAL OVERVIEW / BRIEF HISTORY:

E. HISTORY WITH THE RYPIEN FOUNDATION: If your organization HAS NOT previously received funding from the Rypien Foundation, please skip to the next question.

Date of last grant: _____

Grant amount: _____

Name of program(s) funded: _____

F. PROJECT / PROGRAM OVERVIEW: Limit answers to **100 words or LESS** for each category below. Responses that carry over beyond page 3 will not be considered for funding. Please type your answers in this document.

1. DESCRIPTION OF SPECIFIC PROGRAM/PROJECT TO BE FUNDED:

2. UNMET NEED ADDRESSED BY PROGRAM/PROJECT:

3. IMPACT – OUTCOME(S) OF PROGRAM/PROJECT:

4. HOW MANY CHILDREN WILL THE PROGRAM/PROJECT SERVE?

SECTION #3- ADDITIONAL DESCRIPTION - There is no page limit to this section - use space as needed. Your responses may extend beyond this page if needed. Please type answers directly into this template.

1. PROGRAM SPECIFICS: Feel free to provide a more detailed program description and any additional information regarding the need or problem to be addressed. Describe the specific purpose of the funds and how the objectives will be accomplished. Include a description of your organization and program and how the funds requested will help children in distress. Moreover, what is unique about your program?

2. EVALUATION: How will you determine the impact of this project? i.e. a survey of parents and children, appraisal of physical and/or emotional improvements or attendance figures. Please be specific.

3. HISTORICAL DATA: Please list any additional relevant data relating to the history, goals and accomplishments of your organization.

4. LIST OF ORGANIZATION'S OFFICERS AND DIRECTORS:

5. HOW DID YOU HEAR ABOUT THE RYPIEN FOUNDATION AND GRANT OPPORTUNITY?

SECTION #4: ADDITIONAL MATERIALS - Please include **electronic copies** of items-1-3 below:

1. BUDGETS: Please include an itemized budget for the total agency AND an itemized budget for the program/project.

2. OTHER CONTRIBUTIONS/FUNDING RECEIVED: Please include a list of contributions and/or other sources of funding for this specific program/project received from other institutions or organizations, if any.

3. CONFIRMATION OF 501(C)3 STATUS: Please include your organization's latest audited financial statement and a letter from the IRS stating your tax exempt status. **YOU MUST BE A 501(c)3 NON-PROFIT ORGANIZATION!**

SECTION #5 - CHECKLIST: PLEASE review the checklist and mark an X indicating that you have completed the following:

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| | I have re-read and completed section #1 and confirm that my organization meets all eligibility requirements for a grant |
| | I have read and completed section #2-4 above |
| | I have included an electronic copy of the most recent audit |
| | I have included an electronic copy of recent agency budget |
| | I have included an electronic copy of program budget (what grant will help fund) |
| | I have included an electronic copy of IRS confirmation letter of 501(c)3 status |

SECTION #6- SIGNATURE SIGNING BELOW INDICATES:

- You have read and agree to all grant application requirements above
- All information provided above is true
- Your agency/organization agrees to use the grant funds within one year from the date received

Print Name: _____ Signature: _____
Title: _____ Date: _____