



Contact - Kay Smith, Administrative Assistant
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Revised 1/09

GRANT APPLICATION

Date
Organization
Mailing Address
Contact Person & Title
Telephone

Please attach the following information:

- ___ IRS Letter of Tax Exemption 501(c)(3)
- ___ Current audited financial report
- ___ Current Federal 990 PF (if applicable)
- ___ Corporate Annual Report that is filed with Secretary of State
- ___ Current list of board members
- ___ Project Budget
- ___ Brochures and/or presentation materials to support the request

Amount of Request from this Foundation \$
Total amount required to complete this project \$

SYNOPSIS OF PROPOSAL

Briefly summarize below the purpose for which funds will be used, including services provided and those who will be served by the proposed project:

Preston Family Foundation Office Use Only
Date Received _____

FUNDING CONSIDERATIONS

1. Through what other sources will you raise the balance of the funding for this project?
2. Over what period of time do you anticipate raising the required funds?
3. If this Foundation chooses to participate, would it be desirable to receive the grant monies over more than one year? If so, over how long a term?
4. When will this project begin?
5. When will it be completed?

PROJECT DETAIL

6. Describe the problem(s) which will be addressed by this project:
7. Are there other services available which would address this problem?
8. Would coordination with other similar organizations be appropriate to avoid unnecessary duplication?
9. How many people will directly benefit from this project?
10. List the specific, measurable objectives of this project.
11. Is this a new project, an expansion of an existing service, continuation of existing program, or replacement of other funding source?