



THE DOUGLAS MACHINE
FOUNDATION

Grant Application

Date of application: _____ Application submitted to: _____

Organization Information

Name of organization		Legal name, if different	
Address		City, State, Zip	Employer Identification Number (EIN)
Phone	Fax	Web site	
Name of top paid staff	Title	Phone	E-mail
Name of contact person regarding this application	Title	Phone	E-mail

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No
If no, is your organization a public agency/unit of government? _____ Yes _____ No
If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

 _____ Fiscal agent's EIN number

Foundation Focus Area with which your organization aligns (check all that apply)
 _____ Social Services _____ Education _____ Faith-Based Initiatives

Please give a summary of how your organization fits into our Foundation focus areas:

Proposal Information

Please give a two to three sentence summary of request:

Population served:	Geographic area served:

Funds are being requested for (check one) *Note: Please be sure funder provides the type of support you are requesting.*

_____ General operating support	_____ Start-up costs	_____ Capital
_____ Project/program support	_____ Technical assistance	_____ Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: \$ _____
Total annual organization budget: \$ _____
Total project budget (for support other than general operating): \$ _____

Authorization

Name of top paid staff or board chair

Title of top paid staff or board chair

Signature

Date