



# JB Griffin Memorial Foundation

## Funding Application

### Contact Information

Full Legal Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Organization Website: \_\_\_\_\_

President/Executive Director Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Organizational Information

501(c)(3) YES  NO  Year Established: \_\_\_\_\_

Fiscal Sponsor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Total Organizational Budget: \_\_\_\_\_ Total # of Board Members: \_\_\_\_\_

Total # of Staff Members: \_\_\_\_\_ Total # of Volunteers: \_\_\_\_\_

Organizational Mission, Vision & Strategic Plan: \_\_\_\_\_

Brief Description of Organization & History: \_\_\_\_\_

Population Served (*include age, income levels, etc.*): \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

### Proposal Request

*Please provide information regarding your request to receive these funds. Attach additional pages as needed.*

Project, Purpose & Need: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Time Period of Project: \_\_\_\_\_ To and From Dates: \_\_\_\_\_

Requested Amount: \_\_\_\_\_ Percent of Total Budget: \_\_\_\_\_

Type of Request: \_\_\_\_\_

*(capacity building, general operating inclusive of salaries or not, multi-year project, program support, startup, etc)*

Project Impact: \_\_\_\_\_

*(Indicate what you plan to accomplish through your proposed project, purpose and need. How does the proposed project, purpose and need benefit the residents? How does the project, purpose and need fit into the strategic plan of your organization?)*

Most Recent Received & Projected Grants *(include dates & amounts)*: \_\_\_\_\_

How will the Foundation be recognized for the gift if a grant is awarded?: \_\_\_\_\_

**Please Attach to the Application**

\_\_\_\_\_ 501(c)(3) IRS Federal Tax Exempt Letter

\_\_\_\_\_ Organizational Operating Budget Detail for Current and Prior Two Years

\_\_\_\_\_ Current Income and Expense Statement

\_\_\_\_\_ Balance Sheet for Organization

\_\_\_\_\_ Prior Year's Financial Statement (audited)

\_\_\_\_\_ List of Trustees or Board of Directors

\_\_\_\_\_ Project bids when appropriate

\_\_\_\_\_ **Optional** – If you feel that there are important aspects of your project, purpose and need that have not been covered under any of the questions above, please present them in a brief manner as part of the funding application. This could include letters of support from involved participants/organizations. (Limit 3)

**Disclaimer and Signature for Primary Beneficiary Funding Only**

In order to be successful in raising funds, it is important that your organization commit to working with the JB Griffin Memorial Foundation on an on-going basis. That means attending an assortment of meetings, promoting the Golf Classic in your own materials where appropriate, encouraging your board and employees to get involved in supporting the Golf Classic's efforts on your behalf. Does your organization have the capacity and interest in partnering in this manner with the JB Griffin Memorial Foundation and the Golf Classic committee?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN APPLICATIONS TO:**

JB Griffin Memorial Foundation  
Attn: Mandy Hartley  
1965 Waddle Road  
State College, PA16803  
Phone: (814) 234-4460  
Email: [mhartley@jbgriffinfoundation.com](mailto:mhartley@jbgriffinfoundation.com)

General contact email: [info@jbgriffinfoundation.com](mailto:info@jbgriffinfoundation.com)