

MARY ELLEN KENT BUNYARD FAMILY FOUNDATION
Grant Application

*The Mary Ellen Kent Bunyard Family Foundation ("Foundation") created under the Will of Mary Ellen Bunyard restricts all grants to nonprofit organizations recognized by the Internal Revenue Service that provide service or support to **children under the age of 18 or elderly age 70 and over in Tom Green County and the adjoining counties.***

Legal Name of Organization:

Mailing Address (and Physical Address if it is different):

Phone:

Fax:

EIN:

Website:

Organization Email Address:

CEO/Executive Director:

Year Org. Founded:

CEO EMAIL:

Mission Statement:

Geographic Area served (specific to this proposal):

Grant amount sought: _____

Month & Year Grant is Requested: _____

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CHECKLIST OF **REQUIRED** DOCUMENTS for Grant Requests: **IN ORDER**

- Project Request:** Provide a summary of the project that includes but is not limited to needs, goals, activities, timelines, etc.

- A **Detailed Budget** of your proposed project. If the project includes anyone outside of our age requirements, list the total number of people in the project and the estimated number of people over or under the age limits. Based on this information, the Foundation might prorate funds.

- Copy of IRS issued federal tax-exempt recognition, dated within the last five years. Usually a **Section 501(c)(3) organization**.

- Copy of latest Form 990, Income Tax Return for Nonprofit Organizations. If a Form 990 is not required for your Nonprofit, explain.

- Copy of your Current (**Year-To-Date**) financial statements. If you are affiliated with a “parent” organization, please include your **local** financial statements. **ADDITIONALLY: Turn in your invoices w/final REPORT!**

- If you serve persons outside our restricted counties, provide a statement explaining how you will assure the Foundation that the grant funds will only be used for those in **Tom Green, Coke, Runnels, Concho, Schleicher, Irion, Reagan, Sterling and Menard Counties?**

- Evaluation:** Describe how the success of the project will be determined upon completion.

- The nonprofit realizes that a complete/detailed report will be due within 1 year! No other grants may be considered until the report is completed!**

By signing below, I certify that the information in this application is true and correct to the best of my knowledge.

Date _____, 20__.

Signature:

Print Name & Position:
