



## GRANT APPLICATION and ORGANIZATION PROFILE

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Street Address: No Post Office Boxes

Person making application: \_\_\_\_\_ Title: \_\_\_\_\_

Employee Identification Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Is your group an IRS 501(c)(3) organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, is your group a public agency/unit or government? \_\_\_\_\_ Yes \_\_\_\_\_ No

A. When was your organization established? \_\_\_\_\_

B. What is the mission of your organization? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Briefly describe your organization's current program or activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. How many Board members, Full-time paid staff, part-time paid staff, and volunteers are involved with your organization?

Board Members: \_\_\_\_\_ Full-Time Paid Staff: \_\_\_\_\_

Part-Time Paid Staff: \_\_\_\_\_ Volunteers: \_\_\_\_\_

E. Approximately, what percentage of your budget goes towards your mission? \_\_\_\_\_  
(Please attach the front page of a recent IRS Form 990 or copy of your current IRS determination letter)

F. Amount of funding requested: \$ \_\_\_\_\_

G. Please attach on a separate sheet, a detailed description of how these funds will be spent by your organization? Be as specific as you can, listing planned purchases and estimated costs of the items purchased. Along with a timeline for these purchases.

H. Will your organization be open to helping at our events during the funding year? \_\_\_\_\_

**Submit via mail to Carney's Kids Foundation, 11469 Olive Boulevard, Box 158, St. Louis Missouri 63141, OR email application and supporting document to carneyskids@gmail.com.**

---

FOUNDATION USE ONLY: Date Request reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Follow Up Notes/Information Needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If approved, Date of check issuance/presentation: \_\_\_\_\_