

# **SIA** FOUNDATION, INC. GRANT APPLICATION FORM

Name of Organization \_\_\_\_\_

Contact Person/Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Facsimile Number/E-Mail Address \_\_\_\_\_

Tax exemption/non-profit status: Please attach a copy of your IRS determination letter (to verify tax-exempt status)

## **NATURE OF REQUEST**

1. Briefly describe the capital project for which you are requesting a grant: \_\_\_\_\_

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

2. Amount you are requesting from the SIA Foundation: \$ \_\_\_\_\_

Total amount needed for project: \$ \_\_\_\_\_

Deadline grant needed by: \_\_\_\_\_

Is your organization contributing to the project in terms of cash and/or in-kind/non-cash? If so, please provide details of the contribution. \_\_\_\_\_

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

From what other companies/revenue sources are you requesting a contribution, and for how much?

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Who will benefit from this project? \_\_\_\_\_

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

If the SIA Foundation supports your project, how will you measure its effectiveness and follow-up with the SIA Foundation with your results? (please describe) \_\_\_\_\_

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

(Please note: SIA Foundation staff will make routine follow-up inquiries regarding your project. All grant applications must comply with the SIA Foundation, Inc. Grant Application Guidelines.)

Are there specific results/outcomes that are expected? \_\_\_\_\_

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

**MORE ABOUT YOUR ORGANIZATION**

1. Do you have a volunteer board of directors? \_\_\_\_\_

If yes, please attach a roster of the board.

2. What are your total annual operating expenses? \$ \_\_\_\_\_ for year \_\_\_\_\_ .

3. What are your total annual fund raising expenses

(as a dollar and/or percent of total operating expenses)? \$ \_\_\_\_\_

4. Briefly describe your organization's financial accountability. Are you audited independently on an annual basis?

If so, by whom? \_\_\_\_\_

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

5. Please list ways the SIA Foundation may be recognized for awarding a grant to your organization: \_\_\_\_\_

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

**CONTINGENCY PLANNING**

1. If the SIA Foundation is unable to award a grant for all or some of your requested amount, what is your

back-up plan? \_\_\_\_\_

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

Person submitting this request: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to requesting organization: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Send all correspondence to: SIA Foundation, Inc.  
P.O. Box 6479  
Lafayette, IN 47903  
Phone: 765-449-6565  
Fax: 765-449-6952