

Kelly Foundation of Washington

Application Information

Please read these directions before completing your application. Your grant application consists of two parts: the application form and the documents cited below. You must provide **seven (7) complete copies and cover letters**. Grant applications will be considered at the June and December board meetings. Please have your application submitted by the middle of the prior month.

The following documents must accompany the application:

- A copy of the IRS letter(s) confirming the applicant's 501(c)(3) status and that it is classified under Section 509(a) as "...not a private foundation."
- A budget for the entire project for which the organization seeks support. Please use the budget form provided with the application.
- The resume of the organization's director.
- A current list of the organization's board of directors or trustees.

Attach copies in the order listed to the completed application form and each copy. Also include a copy of cover letter, if any.

Your response to Item #4, *Statement of Project*, must be limited to the space provided and should include the following information:

- A short history of the organization and its mission.
- Background on the specific needs addressed by the program. Please focus on the needs of the people to be served by the program or facility.
- Program objectives such as an estimate of the number of people who will be helped by the project.
- The total project cost, the amount and use of the requested grant, the plan for raising other needed moneys, and a project timetable.

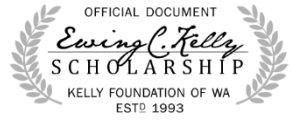
Please be complete and specific regarding all expenses and remember to include **seven copies** of the completed application with seven copies of the cover letter.

**** OUR ADDRESS HAS CHANGED:**

**14419 Greenwood Ave N. Suite A
Box 321
Seattle, WA 98133**

**Voice Mail (206) 706-8486
Fax (206) 706-1030**

kellyfoundationwashington.com



1. APPLICANT:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Ext. _____

Email address _____

Director's Name _____

Director's Title _____

Other Contacts _____

2. INTERNAL REVENUE SERVICE TAX EXEMPTION STATUS:

*Date of 501(c)(3) _____

*Date of 509(a) _____

*Attach Verification.

3. (A) PROJECT TITLE:

(B) DESCRIBE BRIEFLY THE PURPOSE OF THE GRANT:

Request to KELLY FOUNDATION OF WASHINGTON: \$ _____

Total Project Budget: \$ _____

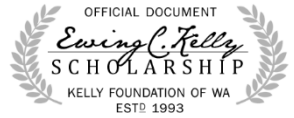


4. STATEMENT OF PROJECT

CERTIFICATION: I hereby certify that the information contained in the application is true and correct. I also certify that I know of no reason for any change in the organization's exempt status under Sections 501 and 509 of the IRS Code as represented in this application.

SIGNATURES: _____

Board Chairperson or Chief Volunteer Officer	Date
Organization Director	Date



EQUIPMENT ACQUISITION BUDGET

Total amount to be raised: \$ _____

Amount raised to date: \$ _____

Amount remaining: \$ _____

Please list other donors solicited for this project and amounts requested or given:

Please list the equipment you plan to acquire and its cost:

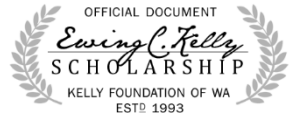
_____	\$ _____
_____	\$ _____
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_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	\$ _____
TOTAL	\$ _____

When did you begin raising money for this project? _____

When do you plan to complete raising money for this project? _____

When do you plan to put this equipment into service? _____





PROGRAM BUDGET

REVENUE/SUPPORT

Contributions _____
Special Events (Net) _____
United Way(s) _____

GOVERNMENT GRANTS

Government Grants Total _____

PRIVATE GRANTS

KELLY FOUNDATION OF WASHINGTON _____

Private Grants Total _____

Program Fees _____
Miscellaneous _____
Revenue/Support Grand Total _____

EXPENDITURES

Salaries of Ex Director _____
 Other top-paid personnel _____

Employee Benefits of Ex Director _____
 Other top-paid personnel _____

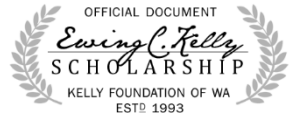
Payroll Taxes (as above) _____

Professional Fees _____
Supplies _____
Telephone _____
Postage/Shipping _____
Occupancy _____
Equipment _____
Miscellaneous _____

Expenditures Total _____

Project budget for the period of ____/____/____ to ____/____/____





CAPITAL BUDGET

GRANTS/DONATIONS

Campaign goal _____

Amount raised as of ____/____/____ _____

Amount remaining to be raised _____

Sources of funding received or applied for:

EXPENDITURES

Property Acquisition _____

Site Preparation _____

Site Improvements _____

Professional Fees _____

Construction _____

Landscaping _____

Equipment/Furnishings _____

Taxes _____

Fees _____

Miscellaneous _____

TOTAL _____

Capital Campaign _____/_____/_____ to _____/_____/_____

Construction Timetable _____/_____/_____ to _____/_____/_____

Occupancy Date _____/_____/_____

Equipment Acquisition _____/_____/_____