

THE MARGARET HEINS FOUNDATION, INC.
FINAL GRANT APPLICATION FORM

Date _____

PART I: ORGANIZATIONAL INFORMATION

Legal Name of Organization: _____

Address: _____

Taxpayer ID: No. _____

Grant Type: _____ Operating

_____ Capital

Grant Title: _____

Amount Requested: _____

Contact Person: _____

Title: _____

Phone: _____

Fax: _____

Projected Use of Funding. (Please list objectives, total cost, projected completion of project, and other pertinent information. If necessary, another page may be attached.)

Part II: Required Information

Please include the following information in your typewritten proposal, in the following order:

1. _____ Your organization's mission
2. _____ A description of the proposal project
3. _____ A listing of officers and board members, including their affiliations
4. _____ A list of your organization's objectives for the current fiscal year
5. _____ A summary of last year's major accomplishments
6. _____ For a program grant, itemize program revenues and expenses specify a program time line, and indicate plans for future funding

Part III: Required Attachments

Please enclose the following information with this application:

- _____ List of corporate/foundation donors (including grant amounts)
- _____ Your organization's operating budget for the current budget year
- _____ Most recent audited, reviewed or compiled financial statement, if any
- _____ A copy of the Internal Revenue Service ruling granting tax exemption under 501 (c)(3) and 509(a) of the Internal Revenue Code
- _____ Your most recent Form 990 (including Schedule A)
- _____ An affidavit from the chair of your Board of Directors certifying that the

Internal

Revenue Service has not revoked or changed your Organization's tax exempt status since the issuance of the favorable IRS ruling

IV: Financial Information

Annual Revenues (last budget year) \$ _____

Annual Expenses (last budget year) \$ _____

Primary Revenue Sources: (last budget year)

Government: \$ _____

United Way: \$ _____

Corporations: \$ _____

Foundations: \$ _____

Earned (Sales/Fees): \$ _____

Other: \$ _____

Certification of Information: _____

Signature of Authorized Representative

Name: _____

Title: _____

Date Signed: _____

Applications are accepted and reviewed on an ongoing basis. Phone and/or mail will make notifications.

The completed application form and required attachments should be sent to:

Foundation Administrator
The Margaret Heins Foundation, Inc.
440 South Babcock Street
Melbourne, Florida 32940

Do not write below this line.

Application # 16 - _____

Date of permission to release funds _____

Amount _____

Authorized by _____ Date _____

Chairman or Secretary