



## GRANT REQUEST APPLICATION FORM

**Instructions:** Complete all fields below. Send completed application to P.O. Box 54 Lambertville, Mi 48144 or email application and any supporting documents to [info@bedfordcommunityfoundation.com](mailto:info@bedfordcommunityfoundation.com). In the subject line please put **GRANT REQUEST**.

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

Organizations Mission/Purpose: \_\_\_\_\_

Submitted by \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Are you a 501c (3) designated organization? Yes  No

Tax Id# \_\_\_\_\_

Web address: \_\_\_\_\_

The authorized representatives of this organization listed below request a grant in the amount of \$ \_\_\_\_\_ for the purpose of: (Please attach vendor invoices, sales slips, quotations or other data to show you meet the criteria and requirements for this grant.)

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The Bedford Community Foundation Mission Statement is "Better Our Community". Please elaborate on how the grant, if approved, will accomplish that goal and what percentage of total funds needed will be provided by this request: \_\_\_\_\_

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What other funding sources have you considered and, if so, were those approved ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information to support the grant request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

**Bedford Community Foundation Grant Committee Review:** Committee Members (2) required:

\_\_\_ *Grant approved as requested*  
\_\_\_ *Grant modified from original request with the following disposition* \_\_\_\_\_  
\_\_\_ *Grant Denied-Reason for denial* \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fund Name** \_\_\_\_\_ **Endowed** \_\_\_\_\_ **Non Endowed** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Bedford Community Foundation Distribution Committee review:**

Authorized Members (2) required:

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_ **Check#:** \_\_\_\_\_ **Date Mailed:** \_\_\_\_\_

**By:** \_\_\_\_\_