

**Mildred Faulkner Truman Foundation**  
Grant Application

Date of application: \_\_\_\_\_

Name of organization (List exact legal name): \_\_\_\_\_

Does your organization have a religious affiliation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, attach a one page explanation)

Attach copy of tax exemption letter from IRS.

Address of organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Grant contact person (if not Executive Director):  
\_\_\_\_\_

Grant request: \$ \_\_\_\_\_

Summarize purpose of grant (limit to three sentences): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach 1 page (maximum) description of project and benefit to Tioga County residents.

Check one: Seed support \_\_\_\_\_

Special Project support \_\_\_\_\_

Capital Project support \_\_\_\_\_

Total organizational budget (for current year): \$ \_\_\_\_\_

Dates covered by this budget (mo/day/year): \_\_\_\_\_

Attach 1 page budget summary showing income and expenses for this current year.

Attach 1 page list of organization's Board of Directors, include county of residence.

Number of paid staff: \_\_\_\_\_ full-time; \_\_\_\_\_ part-time

Number of volunteers: \_\_\_\_\_

Attach one-page explanation if organization has experienced a deficit in past three years.

Total project or seed budget: \$ \_\_\_\_\_

Attach one-page (maximum) of project/seed budget.

Attach one-page timetable.

Dates covered by this budget (mo/day/year): \_\_\_\_\_

Attach estimates for project.

\* Attach one-page list of all sources of funding toward project (include actual and prospective amounts): \_\_\_\_\_

What percentage of your income goes toward raising funds? \_\_\_\_\_

What is your organization's continuity plan? Please submit a written five-year and proof of approval plan by your Board of Directors. Provide as an attachment.

Evaluation: Explain results you expect to achieve from this project and how you will measure project's success (limit to three sentences): \_\_\_\_\_

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We, the undersigned, represent to the Mildred Faulkner Truman Foundation that the organization's annual budgetary information is true and accurate.

\_\_\_\_\_  
Signature of Board Chair, Indicating Approval  
Print name of Board Chair

\_\_\_\_\_  
Signature of CEO/Executive Director  
Print name of CEO/Executive Director

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\* Please note that the Mildred Faulkner Truman Foundation shares information with other funders. Information regarding any Truman Foundation grant decision concerning your organization may be disclosed in the information exchange process.