

# Great Lakes Foundation

Suite 101, 405 Water Street

Port Huron, MI 48060-5469

Phone 810-984-4500 email: [glcclub@att.net](mailto:glcclub@att.net)

## Grant Application

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

Exact legal name of applicant: \_\_\_\_\_

What is the primary purpose or mission of the organization? (*Please summarize in no more than two lines*):

\_\_\_\_\_

Address of organization:

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

President or executive director: \_\_\_\_\_

Contact person and title: \_\_\_\_\_

Is the applicant tax exempt under §501(c)(3) of the U.S. Internal Revenue Code?

Yes  No (*Please provide documentation*)

Is the organization "not a private foundation" (*i.e. a public charity*) under §509(a) of the Internal Revenue Code?

Yes  No (*Please provide documentation.*)

JCA 9 Oct 08

Purpose of grant or description of project (*use back of page if necessary*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total cost of the project: \$ \_\_\_\_\_

Amount currently raised for the project: \$ \_\_\_\_\_

Balance needed for project: \$ \_\_\_\_\_

Grant amount requested: \$ \_\_\_\_\_

\_\_\_\_\_  
*Signature of individual requesting grant on behalf of the applicant's governing body.*

\_\_\_\_\_  
*Capacity in which signing*