WEEDMAN FAMILY
CHARITABLE GIVING FUND
SERVING OHIO COUNTY, KENTUCKY

GRANT APPLICATION FORM

Reminder: To remain focused on our mission, the Fund generally does not provide support for: Individuals (scholarships or personal assistance); For-profit businesses; Debt reduction or past operating deficits; Religious activities (proselytizing) or purely sectarian purposes; Labor organizations; OR Political campaigns or lobbying efforts. Please visit our website for a complete list of the type of projects and organizations that we choose to support.

SECTION 1: ORGANIZATIONAL INFORMATION

Legal Name of Organization: _____

Tax ID (EIN): _____

Mailing Address: _____

City, State, Zip: _____

Website (if applicable): _____

Primary Contact Person: _____ **Title:** _____

Phone: _____ **Email:** _____

SECTION 2: MISSION & OVERVIEW

1. Briefly describe your organization's mission and the primary services you provide to the Ohio County community.

(Limit: 200 words)

2. Select the focus area(s) this grant will support:

[ ] Family Support [ ] Education [ ] Economic Growth [ ] Cultural Enrichment

3. History of past success.

- How many years has your organization operated in Ohio County? _____
- How many individuals did your organization serve over the last three years?
    - 202__: _____
    - 202__: _____
    - 202__: _____
- Does your organization or the local Ohio County chapter have it's own 501(c)3 identification number or are you operating under the credentials of another organization? _____
- What is your overall annual operational budget within Ohio County? _____
- Who are your current, local board of directors or advisors?
  _____
  _____

SECTION 3: PROJECT PROPOSAL

Project Title: _____

Amount Requested: $_____ **Total Project Budget:** $_____

1. Describe the specific project or initiative for which you are seeking funding.

2. What is the anticipated timeline for this project?

Start Date: _____ End Date: _____

SECTION 4: IMPACT ON OHIO COUNTY

1. Who is the target population for this project, and approximately how many Ohio County residents will be served? What is the estimated cost per person for the program?

2. What specific goals or outcomes do you hope to achieve with this grant? How will success be measured?

3. How does this project align with the Weedman Family Fund's mission to build a "vibrant future" for our community?

SECTION 5: PROJECT BUDGET

Please provide a simple breakdown of how the requested funds will be utilized.

Expense Category (e.g., Materials, Staffing, Outreach)	**Amount**
	$
	$
	$
	$
TOTAL REQUESTED	**$**

SECTION 6: REQUIRED ATTACHMENTS

Please include the following with your completed application:

1. A copy of your IRS 501(c)(3) determination letter (or equivalent proof of non-profit status).
2. Any relevant brochures or supporting documents (optional).

SUBMISSION INSTRUCTIONS

Applications are reviewed on a rolling basis. Please submit the completed form and required attachments to our local representative:

Attention: Mischelle Weedman-Davis & Chuck Weedman

Email: info@weedmanfamilycharitablegivingfund.com

Certification:

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge and that I am authorized to submit this request on behalf of the organization.

Signature: _____ Date: _____

Printed Name: _____ Title: _____