



THE DOUGLAS MACHINE  
FOUNDATION

# Grant Application

Date of application: \_\_\_\_\_ Application submitted to: \_\_\_\_\_

## Organization Information

Name of organization		Legal name, if different	
Address		City, State, Zip	Employer Identification Number (EIN)
Phone	Fax	Web site	
Name of top paid staff	Title	Phone	E-mail
Name of contact person regarding this application	Title	Phone	E-mail

Is your organization an IRS 501(c)(3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If no, is your organization a public agency/unit of government? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If no, check with funder for details on using fiscal agents, and list name and address of fiscal agent:

\_\_\_\_\_  
 \_\_\_\_\_ Fiscal agent's EIN number

## Proposal Information

Please give a two to three sentence summary of request:

Population served:	Geographic area served:

Funds are being requested for (check one) *Note: Please be sure funder provides the type of support you are requesting.*

<input type="checkbox"/> General operating support	<input type="checkbox"/> Start-up costs	<input type="checkbox"/> Capital
<input type="checkbox"/> Project/program support	<input type="checkbox"/> Technical assistance	<input type="checkbox"/> Other (list) _____

Project dates (if applicable): \_\_\_\_\_ Fiscal year end: \_\_\_\_\_

**Budget**

Dollar amount requested: \$ \_\_\_\_\_  
Total annual organization budget: \$ \_\_\_\_\_  
Total project budget (for support other than general operating): \$ \_\_\_\_\_

**Authorization**

\_\_\_\_\_  
Name of top paid staff or board chair

\_\_\_\_\_  
Title of top paid staff or board chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date