

**THE RYAN FOUNDATION, INC.
APPLICATION FOR GRANT**

PART I. INFORMATION ABOUT THE ORGANIZATION:

1. Name, address, phone and Federal I.D. # of applicant:

2. Person/s interviewed:

3. General Questions:

1. Exempt Status ___ Yes ___ No

2. Private Foundation ___ Yes ___ No

3. Is this grant requested for helping any of the following in Seminole County?

a. Senior Citizens ___ Yes ___ No

b. Women/Children,
abandoned or abused ___ Yes ___ No

c. Persons in need of
education to enable them
to support their families ___ Yes ___ No

Include a copy of your exemption status letter from the FEDERAL GOVERNMENT - 501(c)3/509(a). Also, IN SEPARATE STATEMENT DESCRIBE IN DETAIL THE GOALS OF YOUR ORGANIZATION, THE SELECTION PROCESS YOU USE TO EVALUATE APPLICANTS. Include any newspaper articles or letters of recommendation from the community. ATTACH A COPY OF YOUR LAST FINANCIAL STATEMENT AND IRS TAX RETURN

Application for Grant

FOR THE PREVIOUS YEAR AND PROPOSED BUDGET FOR THE NEXT 2 YEARS.

NAME ALL SOURCES OF REVENUE DURING THE PRECEDING 3 YEARS AND THE CURRENT YEAR INCLUDING THE NAME OF THE ORGANIZATION AND THE AMOUNT OF THE DONATION. (This is for informational purposes only and should not be interpreted to mean that we discourage aid from other sources; in fact, we strongly encourage participation of other donors).

4. Is applicant related to, controlled by or connected with another organization?
_____Yes _____No

If yes, give name of organization and relationship.

5. List name, address, and title of each board member:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Has anyone connected with your organization ever requested or received a grant from the Ryan Foundation? _____Yes _____No

Application for Grant

PART II. USE OF PROPOSED GRANT:

7. Indicate amount of proposed grant and explain in detail how it will be used. Is this grant to be used for any one person, group, or class of people? Please name.

8. Name of contact person:

NAMES AND QUALIFICATIONS OF PERSON(S) PROPOSED WHO WILL MANAGE THE GRANT:

**From my own knowledge, I state the information given in PARTS I & II is correct.
The applicant organization has authorized me to make this application.**

NAME

DATE

TITLE AND/OR OFFICE