

Where did you hear about the Browning-Kimball Foundation?

**Organization Information**

Name of Organization:

Employer ID#:

Postal Address:

Telephone:

Fax:

Geographic area served:

Email Address:

Website:

Executive Director:

Contact Person for this Grant:

**Proposal Information**

*Please summarize each description on this page in 2-3 sentences. Provide additional attachments as necessary.*

*Description of your organization:*

*Mission Statement:*

*Funds are being requested for:*

General Operating Support

Program/Project Support

Other

*Description of how the grant would be used:*

**Budget:** Total Annual Budget: \$ \_\_\_\_\_ (Use attachment if necessary)

Amount of this Request: \$ \_\_\_\_\_

Total to fund the project: \$ \_\_\_\_\_

*Describe any additional funding or other sources that will be used to fund this project:*

**Treasury Exemption Information** – The undersigned represents that said exemption letter and the exemption thereby evidenced are in effect and good standing at this time. The exemption type, number and date are as follows:

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_

If under your exemption you are a supporting, please indicate type. If a Type 3 supporting organization, please indicate whether functionally integrated with the supported organization. Explain in detail: \_\_\_\_\_

\_\_\_\_\_

**Commitment**

**Acknowledgement of commitment if grant received:** The Grantee agrees that the grant will promptly be acknowledged in writing to the Foundation after receipt. Additionally the Grantee agrees that the Post Grant Report accompanying the grant will be completed and returned after funds are expended or within nine months, whichever comes first.

**Special Note**

Please be cognizant of the fact that although the Browning-Kimball Foundation is generous to many worthwhile causes, and while they are in favor of publicity for individual projects themselves, they respectfully request there be no publicity for the Foundation itself.

~~ The Browning-Kimball Foundation is a private, non-profit organization with IRS 501(c)(3) status ~~

**Authorization**

In witness whereof the Grantee has signed this instrument on:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Grantee:** \_\_\_\_\_  
(Name of Grantee Organization)

**By:** \_\_\_\_\_  
(Signature of Grantee Representative)

\_\_\_\_\_  
(Printed Name and Title of above named Grantee Representative)

**DEADLINE FOR RECEIPT OF GRANT FORMS IS NOVEMBER 20<sup>TH</sup> OF EACH YEAR.**  
Please complete this form in its entirety (including signatures) and add attachments as you feel are appropriate.