Masonic Family Health Foundation, Inc.

Grant Application Form

Grant Request:

Amount requested: _____

☐ Operating Support

☐ Capital Support

This request is for Program/project title: _____

Time frame in which the funds will be used: From _____ To _____

Organizational Information

Organization Name _____

Address/City/State/Zip _____

Main Telephone _____ Fax _____ Email _____

Executive Director _____

Telephone _____ Email _____

Name/title of Contact Person _____

Telephone _____ Email _____

Date of Incorporation _____ FEIN (or equivalent) _____

Is your organization Tax Exempt under **Section 501(c)(3)**? Yes ☐ No ☐ **Section 509(a)**? Yes ☐ No ☐

If not, do you have a fiscal agent? (Please identify organization, contact person, and telephone number)

_____

Service Category of Organization (check all that apply)

☐ Healthcare ☐ Masonic Related Services ☐ Services for Children

☐ Human Services ☐ Education ☐ Other: _____

Summarize the Organization's Mission

_____

Geographic Service Area(s)

☐ City of Chicago

☐ Chicago neighborhood(s) (specify) _____

☐ Suburbs (specify) _____

☐ Other (specify) _____

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Staff Composition in Numbers

		Professional	Support
Paid Full-Time:			
Paid Part-Time:			
Volunteers:			
Interns:			
Other:			
Totals:			

Summarize the purpose of your request

List other private and public funding sources related to this particular request

Funding sources—to date	Amount ($)	Date Received

Funding sources—pending	Amount ($)	Date Expected

Budget Information

Total Organizational Budget (last fiscal year): Revenues $_____ Expenses $_____

Total/Project Budget (if applicable): Operating Expenses $_____ Capital $_____

Additional Information

1. Provide a copy of your last audited financial statements or Form 990. If not available, provide unaudited financial statements for the last fiscal year.

2. Provide a copy of your last Annual Report, if available, or a list of the current Board Members with related employment affiliation.

3. If you received a grant from the Masonic Family Health Foundation previously, please provide how the funds were utilized and how you recorded or measured the results/outcome?

Grant Application Form

How did you hear about the Masonic Family Health Foundation Grant Program?

1. Please provide how you heard about the Grant Program

Name of authorized official: Date:

Title:

Submit Grant Application to: Clifton@mfhf.org
Alternatively, please print and mail completed application to:

Clifton Truman Daniel
6129 N Kilbourn Ave
Chicago, IL 60646