Max Cares Foundation, Inc.

Grant Application

ORGANIZATION INFORMATION

_____

Organization's Legal Name and D/B/A if applicable

_____

Address:

_____

Website

_____

Contact Person / Title

_____

Email and Phone Number

_____

501(c)(3)Tax ID #

_____

Year Founded

_____

Organization's Annual Budget

_____

Percentage of Salaries/Compensation / Annual Budget

Organization's Mission Statement: Briefly describe mission and core purpose; highlight any key programs, if applicable

INFORMATION REGARDING USE OF GRANT

_____

Name of Program/ Activity / Use / Sponsorship

$_____ $_____

Amount Requested Total Project/Activity Cost / Sponsorship, if applicable

PLEASE RESPOND TO THE REQUESTED INFORMATION BELOW. If not applicable, please state N/A.

1. **Need:** What are the community needs which this grant will try to address? Include geographical location of people serviced and number of people who will benefit?

2. **Purpose:** Please describe the nature and purpose of this program and/or sponsorship.

3. **Use of Funds/Other Funding sources:** Please detail the use of funds. If there are other contributors to this project, please include organization's name, amount of funds and status.

4. **Media Promotion of Max Cares Foundation:** Please detail the ways you will promote Max Cares Foundation's support of your organization to the public.

5. **Other:** If only partially funded by MCF, would the project still occur? YES ____ NO____ Please explain.

A. Attachments:

a. **Detailed Budget** – include a detailed budget for the project. Please use the attached form or you may reproduce the form on your computer provided the format is closely followed.
b. **Financial Statements** – include your organization's most recent year-end income/expense report and balance sheet and a current operating budget.
c. **IRS Determination Letter** – include a current IRS determination letter showing exemption from federal income taxes under Section 509(a) of the IRS Code and your 501(c)(3) status.
d. **Most recent Form 990 of your organization**

Applications may also be submitted via:

email: Grants@maxcaresfoundation.org

U.S. Mail: Max Cares Foundation, Inc.
249 Pearl St., 3rd Floor, Hartford, CT 06103

SIGNATURE/AUTHORIZATION on behalf of Organization

By: _____

Print Name:

Title:

For Max Cares Foundation Use Only:

Date Received_____

Proposal #_____ Category/Field of Interest_____

Date _____ Approved_____Declined_____Amount Awarded $_____

Conditions_____

_____