

THE MARY FREE BED FUND
235 Wealthy Street SE
Grand Rapids, MI 49503

APPLICATION GUIDELINES AND QUESTIONNAIRE

Thank you for your interest in the Mary Free Bed Fund. The following information and questionnaire were prepared to assist you in submission of your request for funding.

BACKGROUND

The Mission of the Mary Free Bed Fund is to provide people with disabilities the opportunity to achieve independence through rehabilitation. We seek excellence through innovation, leadership and advocacy.

Consideration is given to requests that:

- 1) involve people with disabilities
- 2) demonstrate a direct relationship between the proposal and the Mary Free Bed Mission Statement
- 3) are located in West Michigan
- 4) are collaborative, innovative or have potential for being continuous

DECISION MAKING PROCESS

We feel that each request deserves equal study and thought. Occasionally, through that study, questions and concerns arise. When this happens, those who have submitted the requests may need to be contacted for further input. This process takes time. Therefore, to enable the Fund Board to carefully and thoughtfully examine each request, those requests must be included in the packet that is mailed to each member the week prior to the meetings.

The Fund Board of Directors meets the third Tuesday of September, November, January, March and May. **We require receipt of requests by the first business day of the meeting month. Requests received after the first business day of the month will be considered at the next meeting, which most often is in two months.** You will be notified within a month after a meeting regarding the status of your request.

Thanks, in advance, for your compliance.

(Mrs.) Kim Ridings, President

Please complete the following questionnaire and return it with a copy of your proposal and completed application to:

Mary Free Bed Fund
Attn: Kerry Nance, Finance
235 Wealthy S.E.
Grand Rapids, MI 49503-5299
616-840-8317 (Phone)
616-840-9765 (Fax)

Or, PDF a copy of the completed application with all required documents to:

Kerry.Nance@maryfreebed.com

MARY FREE BED FUND SPECIAL REQUESTS APPLICATION FORM & QUESTIONNAIRE

Date: _____

FUND BOARD ACTION:

Project # _____

Date Reviewed _____
Approved____ Denied____

Sackner Funds _____
Other Funds _____
Total Approved _____

1. **TITLE OF PROJECT** _____
____ New Request ____ Renewal. Will this be an annual request? ____ Yes ____ No
If requesting annually, please approximate an annual date _____
If request is approved, please indicate when you will need to receive the funds _____

2. **APPLICANT(S)**
Name _____ Phone _____
Address _____
Organization _____
Contact Person _____
Tax I.D. # _____
Tax Exempt Status: _____ 501(c)(3) _____
Mary Free Bed Manager's Approval (if applicable) _____

3. **AMOUNT REQUESTED:** \$ _____

4. **BUDGET** - Please attach detailed request

5. **GIVE DESCRIPTION OF THE PROJECT, ITS GOALS, AND HOW THE PROJECT WILL IMPROVE THE WELFARE OF PEOPLE WITH DISABILITIES:**

6. **COMPLETE THE FOLLOWING WHEN APPLICABLE:**
Give a brief description of your organization and its goals: _____

Give beginning and ending dates of the proposed program: _____

Specify the geographic area to be served: _____

What is your target population? _____

How many people and what ages are served by this project? _____
What percent of this population is under the age of 18? _____

Give a concise statement of the purpose of the program and the need it addresses:

Is this a new program? _____
To the best of your knowledge, is there a similar program being offered by other organizations?

Give a description of the process by which the program will be carried out, including a timeline for the plan of work: _____

What measurable results will be achieved? _____

How will the program be evaluated? _____

What is your plan to secure continued support for this program? _____

List the names and qualifications of the individuals that will implement the program: _____

If we are unable to fund this request, how will the program continue? Are there any plans to find funding elsewhere? _____

List other sources being asked to support the program: _____

Required documents (for all new and renewal applications):

Current and past year total event or organizational operating budget with separate columns for current and past year budgets (explain any line items that show a significant change between the two years)

An accounting of the most recent year's activities including:

- balance sheet and income statement (audited statements preferred)
- donor breakdown (include all major donors and amounts donated last year)
- expense breakdown
- cash carryover (if any)

Any additional information about your programs or financial situation that would help to clarify items in the request

Tax exempt letter or evidence of your tax-exempt status

Renewal applicants must also provide:

Assigned project # on all correspondence

Annual reports for continuing projects, including documentation on how funds from previous year were used and when.

One-Time Projects must provide:

Documentation/reports to show that the funds received were spent per the project request