The Mary Free. Bed Fund
235 Wealthy Street SE
Grand Rapids, Michigan 49503

Application Information and Questionnaire

Thank you for your interest in the Mary Free Bed Fund. The following information and Questionnaire will assist you in submitting your request for funding.

Background

Mission Statement: The primary mission of the Mary Free Bed Fund is to support the charitable, scientific, and educational purposes and missions of the Mary Free Bed Guild and its subsidiaries. The Mary Free Bed Fund also supports activities and organizations whose focus is on the education, recreation, health and well being of the disabled population in western Michigan. In addition, the Fund will support community organizations that promote the mission and direction of the Mary Free Bed Guild and its subsidiaries.

Consideration is given to requests that fulfill the following:

. Involve people with disabilities
. Demonstrate a direct relationship with the Fund Mission Statement
. Serve those in West Michigan
. Are collaborative, innovative, or have the potential for being on going.

Evaluation of Requests

Each request receives careful attention. When questions arise, the applicant may be contacted for further information.

The Fund Board of Directors meet the third Tuesday of September, November, January, March, and May.

Request must be received by the first business day of the month. Requests received after that day will considered at the next meeting. You will receive notice of the status of your request within thirty days after your proposal is considered.

Thank you for your cooperation.

Susan Bloss
Mary Free Bed Fund Board President

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

Kerry.Nance@maryfreebed.com
Phone: 616-840-7432. Fax: 616-840-9765

MARY FREE BED FUND
SPECIAL REQUESTS
APPLICATION FORM & QUESTIONNAIRE

FUND BOARD ACTION:
Project # _____

Date Reviewed _____
Approved___ Denied___

Sackner Funds _____
Other Funds _____
Total Approved _____

Date: _____

1. Title of Project: _____

☐ New Request ☐ Renewal

Will this be an annual request? ☐ Yes ☐ No

If so, what is the approximate request date? _____

If approved, please indicate when you will need to receive the funds. _____

2. Applicant Information:

Organization:_____

Contact Name: _____ Contact Phone:_____

Address:_____

City:_____ State: _____ Zip: _____

Tax Exempt Status: 501(c)(3) Tax ID Number: _____

3. Amount Requested: $_____

4. Budget: **Please attach detailed request**

5. Briefly describe your organization and its goals.

6. Describe the project, its goals, and explain how it will improve the lives of people with disabilities.

7. Please provide the following information regarding your project:

Start Date _____ End Date: _____

Specific geographical area to be served: _____

Target population: _____

Number of people served by project: _____

Ages of people served: _____

Percentage of population served under the age of 18:_____

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

Is this a new project? ☐ Yes ☐ No

Are you aware of other organizations offering a similar program? ☐ Yes ☐ No

If so, what are they?

How will the program be implemented? Include a timeline for the work.

How will the program be evaluated and the results measured?

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 budget, 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
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

Please return completed questionnaire and all additional documents to:
Kerry.Nance@maryfreebed.com