

**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 meets the third Tuesday of September, November, January, March, and May.

Requests must be received by the first business day of the meeting month. Requests received after that day will be considered at the next scheduled 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: [Guild.Administrator@maryfreebed.com](mailto:Guild.Administrator@maryfreebed.com)

# 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: \_\_\_\_\_



**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: <ul style="list-style-type: none"><li>• balance sheet and income statement (audited statements preferred)</li><li>• donor breakdown (include all major donors and amounts donated last year)</li><li>• expense breakdown</li></ul>
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
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**Please return completed questionnaire and all additional documents to:**  
Guild.Administrator@maryfreebed.com