

**Mary Free Bed Guild Fund
235 Wealthy Street SE
Grand Rapids, Michigan 49503**

Application Information and Questionnaire

Thank you for your interest in the Mary Free Bed Guild Fund. The following questionnaire will assist you in submitting your request for funding.

Background

Mission Statement: The primary mission of the Mary Free Bed Guild 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 Guild 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 Guild 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 Guild Fund Mission Statement
- . Serve those in West Michigan
- . Are collaborative, innovative, or have the potential for being ongoing.

If your request is part of a capital campaign for a larger project, please be specific as to the portion of the project you would like the Mary Free Bed Guild Fund to fund and the costs associated. If applicable, please provide one or more portions of the project that you would like the Mary Free Bed Guild Fund to consider funding. In addition, please note what type of recognition would be available.

Evaluation of Requests

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

The Guild 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 of the Guild Fund Board meeting.

Thank you,

Jennifer Taylor
Mary Free Bed Guild Fund Board President

Please complete the following questionnaire and return it with the additional documentation listed at the end of the questionnaire to: Guildfund.Grants@maryfreebed.com

MARY FREE BED GUILD FUND APPLICATION FORM & QUESTIONNAIRE

GUILD 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: <ul style="list-style-type: none">• 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
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Please return completed questionnaire and all additional documents to:
Guildfund.Grants@maryfreebed.com