

MEDINA SANDSTONE TRUST

P.O. Box 25

Medina, New York 14103

Grant Application

Date: ____ / ____ / ____

Organization _____

Address _____
Street State Zip

Organization Representative/Contact: _____
Title Phone

EIN #: _____ NYS CHAR Registration #: _____

Does the IRS recognize you as a:

Section 501(c)(3) organization

Section _____

Total annual revenue: _____

Has the Medina Sandstone Trust granted funds to your organization in the past?

Yes No

If yes, give the date of the grant and a brief description:

Does your organization engage in any activities to influence legislation or intervene in any political campaigns?

Yes No

If yes, explain in detail the percentage of organization time and funds expended on such activities:

What is the geographic area served by this project? _____

How many clients in the Medina area will be served by this project? _____

How many clients overall will be served by this project? _____

Amount requested from this Trust: \$ _____

Amount to be self funded: \$ _____

Other **confirmed** sources of funding for this project: \$ _____ Name: _____

Total anticipated costs of this project: \$ _____

Please list other organizations to which you have applied for funds for this project and indicate the status of those applications (**declined; decision pending; unknown**):

Deadline to submit application: October 31st

For questions regarding the application please contact: sandstonetrust@gmail.com

Please return the completed Grant Application and the required attachments listed below to:

Medina Sandstone Society, Inc.
Sandstone Trust
P.O. Box 25
Medina, NY 14103

Requirements for Grant Consideration

- **Grant Application:** Signed and dated.
- **Project Description:** What the project consists of; the community need for the project; goals and objectives of the project; proposed actions/activities; timetable; proposed evaluation criteria for project's success; and, the specific purpose for which the Trust funds will be used. Provide photographs pertaining to your project if they clarify the purpose.
- **IRS Determination Letter (copy):** Stating that your organization is 501(c)(3) tax exempt. (Exception: Public schools and municipalities).

Additional information may be requested upon review of applications.

Note: If funding is provided for this project, all information submitted to the Trust shall represent the legal obligations of the applicant. Any changes to the project must be approved in writing by the Trust.

Name of Officer (please print)

Title

X _____
Signature

Date

Organization Name

Phone Number

Grant Application Process

Date

| | |
|--------------|---------------------------|
| October 1-31 | Accept grant applications |
| November | Review grant applications |
| December | Award grants |