



Page 1 Version 1.0

THE DERICK KIRK FOUNDATION, INC.

GRANT APPLICATION FORM

Please mail one copy of your completed application and all other requested information to The Derick Kirk Foundation, 107 Hale Street, Suite 321 Charleston, WV 25301. Also, e-mail a digital copy to info@derickkirk.org.

Date sent: _____

I understand that if this program is awarded a grant, I am required to follow up with The Derick Kirk Foundation, Inc. with the information discussed on the agreement form.

X _____

I. CONTACT INFORMATION

Name of applicant program:

If applicable, name of umbrella organization:

Name of contact person: _____

Your title: _____ Phone number: _____

E-mail address: _____

Fax number: _____

Address:

II. FINANCIAL INFORMATION

A. Please attach this year's budget with this application.

B. When did the applicant program receive 501(c)(3) status? _____

And, what is the program's EIN? _____

Please attach proof of the program's 501(c)(3) status with this application.

C. How much money did your program raise last year (January 1-December 31)?

How much money do you expect your program to raise this year? _____

D. How does your program fundraise?

E. Please list and describe fully your sources of funding other than the fundraising efforts listed above.

III. THE PROGRAM

A. Please include the program's mission and/or vision statement.

B. Please attach a description of the program.

C. When was the applicant program established? _____

If the program was established less than a year ago, what has been accomplished and what is left to be done?

D. Have you applied for a grant from the Derick Kirk Foundation, Inc. before?

Yes__ No__

If so, when? _____ Were you awarded a grant or given a donation?

Yes__ No__

If not, how did you hear about the foundation?

IV. PROGRAM PARTICIPANTS

A. How many participants would benefit from this grant? _____

Describe the demographics and ages of the program's participants/students that would benefit from this grant?

B. In what areas do the program's participants/students live that would benefit from this grant?

AGREEMENT FORM

I agree to the following on behalf of the applicant program:

If the applicant program I am representing is awarded a grant from The Derick Kirk Foundation, Inc., I will send the following to The Derick Kirk Foundation, Inc. (info@derickkirk.org) no more than six months after the applicant program is awarded a grant or donation:

- ♪ Photos (preferably digital) of the program, showing use of the grant.
- ♪ A testimonial from somebody in the program who was affected by this grant.
- ♪ A statement addressing the following questions:
 - ♪ How many people were served by this grant?
 - ♪ What has been the peripheral impact of this grant?

I agree to sign a release permitting The Derick Kirk Foundation, Inc. to use the applicant program's logo or any photos or statements submitted.

If I am granted equipment or monies, I will also send the foundation a detailed explanation of how the equipment or money was used for the program with the above information.

If I am granted equipment, I will include the price the equipment was auctioned for with the above information.

I understand that I am responsible for returning any awarded instruments or equipment to the foundation if the applicant program is terminated so that they may be sent to other needy programs.

I understand that I can reapply if I am not selected to receive a grant from the foundation.

X _____

Printed name _____ Date _____