



# GRANT APPLICATION

*Please type your responses on this form, attaching additional pages as necessary. Or you may use your own word processing format, providing the following information in the same order, with the same headings. Please do not exceed a total of 5 pages.*

**Applicant Organization:** \_\_\_\_\_

\_\_\_\_\_

**Street Address:** \_\_\_\_\_

\_\_\_\_\_

**City, State and Zip:** \_\_\_\_\_

**Telephone/Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Chief Executive:** \_\_\_\_\_

**Person Preparing Application:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**List any previous support from the Justice Foundation in the last five years:** \_\_\_\_\_

\_\_\_\_\_

**Tax-Exempt:**     No     Yes (*Attach IRS Exemption Letter*)

**Incorporated:**     No     Yes

**If no, state status:** \_\_\_\_\_

**Summary of Grant Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Statement of needs/problems to be addressed; description of target population:** \_\_\_\_\_

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\_\_\_\_\_

**Project Goals and Methods of Accomplishing Goals:** \_\_\_\_\_

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**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_

Please attach a project budget including other sources and total amount of funding for the project.

**Describe Applicant Organization:** \_\_\_\_\_

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**Statement of How This Project Advances the Goals of the Justice Foundation:** \_\_\_\_\_

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**Mail completed application to:** Justice Foundation of West Michigan  
Attn. Foundation Committee  
161 Ottawa Avenue NW  
Suite 203-B  
Grand Rapids, MI 49503  
Phone: 616.454.5550 • Fax: 616.454.7707