

GRANT APPLICATION
MURRAY AND AGNES SEASONGOOD GOOD GOVERNMENT FOUNDATION

1. Name of Applicant _____
Address _____
Phone _____ Fax _____
E-mail _____
Project Director (Name and Title) _____

2. Proposal Title _____

3. How does this project meet Seasongood Foundation purposes? _____

4. Is your project: Public _____, Private _____, Non-Profit _____, For Profit _____, Individual _____
▪ Which 501(c)(3) organization has agreed to receive the grant? _____

5. Please provide a brief statement of your organization's mission. _____

6. Please describe the primary purpose of this project and how it will be achieved. If you want to add additional information, you may attach up to three supplemental pages. _____

7. Which group(s) or population(s) will directly benefit from this project? _____

8. If a consultant is included in your proposal, please describe his/her exact role in the project.

- If the consultant is compensated through other sources of funding, please identify those sources

What are the exact financial terms of the engagement of the consultant?

9. Has this project been already advanced beyond the preliminary planning stages? If the answer is yes, please explain. _____

10. What are the anticipated start and completion dates of the project? _____

11. What will you do to evaluate the project? _____

12. Please attach a list of the names of your organization's board members, if applicable.

13. Are you seeking funds from other organizations for this project? _____

- If yes, list all other funders to whom this current proposal has been and will be submitted. For each funder, indicate the amount requested and the status of the request (e.g. "to be submitted," "pending," "funded," or "declined"). If funded, specify grant amount and date received. Attach an additional page, if necessary. _____
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14. Has the project been funded before? If so, by whom? _____

- If the project has been previously funded and no longer is, please explain why. _____
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15. List the names of your organization's accountant(s) or auditor(s). If you organization does not have an accountant, please explain the reasons. _____

16. Total funds requested from the Seasingood Foundation: _____

Please return this original with fifteen (15) copies.

BUDGET

BUDGET ITEM

A. Direct Costs

1. Total Salaries and Wages

Professional

Clerical

Employee Benefits

2. Consultant

3. Travel

4. Materials and Supplies

5. Equipment (Purchase or Rental Production)

6. Production

7. Other (Printing, Reproduction, Audio-Visual)

B. Indirect Costs

TOTAL BUDGET

Total requested from the Seasongood Foundation

Total requested from other groups

CERTIFICATION

This applicant certifies to the best of his/her knowledge and belief, that the data in this application are true and correct, and the filing of the application has been duly authorized by the governing body of the applicant.

Signature _____
Date

Typewritten Name and Title

Phone

Upon completion, fifteen (15) copies of this application should be sent to:

**D. David Altman, Executive Secretary
Murray and Agnes Seasongood Good Government Foundation
15 East Eighth Street, Suite 200W
Cincinnati, Ohio 45202.**