



CHARTRAND FOUNDATION

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Chartrand Charitable Foundation

Application Form

Revised August 2013

To all applicants for Grants or Setting Goals Program:

We are pleased to provide you with this downloadable pdf. application form. We cannot accept online applications at present.

To make application to the **Chartrand Charitable Foundation, fill out this form and mail it to us at 9625 Pflumm Road, Lenexa, Kansas 66215**. Forms do not always fit everyone. Fill out the best you can. We also encourage you to call us at 913-768-4700. We would be happy to assist you. However, we must have a form completed and signed before any final award.

All awards are strictly within the discretion of the Chartrand Charitable Foundation (CCF). We are sorry that our limited funding may not allow us to meet very deserving requests.

All requests must come from some form of organization, neighborhood association or recognized group. We cannot make awards to individuals. All requests are subject to close review and verification.

Most awards are in the form of actual goods or services. For example, our **Setting Goals Program** will physically provide the sporting goods equipment applied for. We handle the installation or delivery and verify its use consistent with our Foundation's goals and principals. No cash awards are made directly and none are awarded through the mail. All awards are presented in person.

We are a small foundation and wish to help. We do not desire the application to be burdensome or overly time consuming. However, the IRS requires us to have a formal application and verification procedures. We will physically verify that the equipment, goods, or grant is applied in the manner applied for and consistent with our charitable purposes. Accordingly, grant requests within a reasonable distance from Kansas City are given preference. Consideration beyond this area is not excluded however.

We do not discriminate on the basis of race, gender, religion, national origin or any class protected by federal or state law. We are completely equal opportunity.

All recipients consent to allow reasonable monitoring that the goods, equipment or grant is utilized in the manner awarded. All recipients consent to allow CCF to take pictures of the award in use and publicize the award on the CCF website, in the media or any other manner the CCF Board deems appropriate.



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Date of application: _____

ORGANIZATION INFORMATION

Name of organization

Address

City, State, Zip

Organization Identification Number (EIN)

Phone

Fax

Web site

Name of top paid staff

Title

Phone

E-mail

*Name of contact
person regarding this
application*

Title

Phone

E-mail

Is your organization an IRS 501(c)(3) not-for-profit?

Yes No

*If no, is your organization a
public agency/unit of
government?*

Yes No



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APPLICATION GENERAL INFORMATION

Please give a 2-3 sentence summary of request:

Population served:

Geographic area served:

Funds are being requested for (check one)

<input type="checkbox"/>	General operating support	<input type="checkbox"/>	Start-up costs	<input type="checkbox"/>	Capital
<input type="checkbox"/>	Project/program support	<input type="checkbox"/>	Technical assistance	<input type="checkbox"/>	Other (list) _____

Project dates (if applicable):

IF A GRANT REQUEST

Dollar amount requested: \$ _____

Total annual organization budget: \$ _____

Total project budget (for support other than general operating): \$ _____



OTHER

PLEASE TELL US ANYTHING ELSE ABOUT YOUR ORGANIZATION THAT MAY ENABLE US TO SERVE YOU.

HOW LONG YOU HAVE BEEN IN EXISTENCE? _____

YOUR MISSION AND GOALS

REFERENCES (include address and phone).

IS ANYONE IN YOUR ORGANIZATION PAID STAFF? _____ IF YES, **WHAT PERCENTAGE** OF YOUR TOTAL OPERATING BUDGET GOES TO :

PAID STAFF: _____

OVERHEAD AND OPERATIONS OTHER THAN STAFF: _____

DO YOU CERTIFY THAT NO PART OF YOUR ORGANIZATION IS OPERATED FOR PROFIT AND THAT NO INDIVIDUAL OR PRIVATE BUSINESS BENEFITS DIRECTLY IN ANY FASHION FROM YOUR OPERATION?: _____

IF THE ABOVE IS YES OR INDEFINITE IN ANY WAY, PLEASE EXPLAIN:



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ATTACHMENTS

WE ENCOURAGE YOU TO ATTACH ANY FORMAL BROCHURES, NEWSLETTERS OR RECENT MEDIA ARTICLES DISCUSSING YOUR ORGANIZATION OR ITS MISSION.

AUTHORIZATION

Name and title of top paid staff or board chair:

Phone Number: _____

Signature _____

MAIL TO:

Chartrand Charitable Foundation
ATTN: Application Requests
9625 Pflumm Road
Lenexa, KS 66215

Phone: 913-768-4700

Fax: 913-890-4779