



## GRANT APPLICATION FOR U.S. EXEMPT ORGANIZATIONS

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### Overview

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Please complete this application so we can determine your Organization's eligibility to receive funds set aside to assist U.S. nonprofit organizations exempt from taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, which have a primary mission of providing for the care of orphans.

Please answer the questions to the best of your ability. If any of the questions are not applicable to your current situation, please mark the section "N/A." If you would like, you may attach an explanatory note referring to the questions by section. If more space is required for information on any item, you may attach additional pages. Please indicate the appropriate sections on each attachment.

The Orphan Coalition reserves the right to process only completed applications.

Completed applications should be submitted to The Orphan Coalition, 1360 Ambergate Court, Monument, Colorado 80132.

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### Applicant Data

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Organization Name

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Address,

City,

State

Zip

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Contact Name

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Title/Position

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Phone Number

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Email Address

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Organization Web Site

The Organization is a corporation , trust , limited liability company , a partnership , or unincorporated association .

The Organization was created on \_\_\_\_\_.

The Organization is  is not  associated with a government authority.

The Organization is  is not  associated with a church or other religious entity.

Please attach a copy of the Organization's articles of incorporation, articles of organization, articles of association or other documents creating the Organization, showing certification of filing with the appropriate state.

Please attach a copy of the Organization's bylaws, operating agreement, trust agreement, or other documents governing the management of the Organization, and describing the manner in which the Organization's directors, trustees, and/or managers are elected.

Please attach a copy of your Organization's determination letter from the Internal Revenue Service, confirming that the Organization is an exempt entity described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

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**Reasons for Grant and Amount of Assistance Requested**

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Please describe the Organization's Mission Statement.

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How many orphans does the Organization currently support? \_\_\_\_\_

Please describe the Organization's current and historical efforts and activities to care for orphans.

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(Please Print or Type)

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Please describe the activities, projects, and purposes for which funding is being requested, and the goals to be accomplished.

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Please attach a detailed budget for the proposed activity or project.

How did you hear about The Orphan Coalition? \_\_\_\_\_

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**Financial Information**

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What is the Organization's approximate annual budget for orphan care? \_\_\_\_\_

How much money did the Organization spend last year on orphan care? \_\_\_\_\_

How much has the Organization spent this year (year to date) on orphan care? \_\_\_\_\_

Please describe the Organization's current sources of income? \_\_\_\_\_

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How much assistance are you seeking from The Orphan Coalition? \_\_\_\_\_

Are you seeking funds to be paid in a lump sum , or a recurring monthly grant .

What percentage of the funds you receive, if any, from The Orphan Coalition will go directly towards the support and care of orphans (as opposed to overhead costs)? \_\_\_\_\_

Has the Organization applied for other grants or forms of assistance? If yes, please describe.

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Please provide a detailed description, along with contact information, of any similar grants received by the Organization during the previous three (3) years.

Please attach copies of the Organization's most recent audited balance sheet, and audited financial statements for the Organization's most recently ended tax year.

**Additional Information for  
Children Care Centers and Orphanages**

*(Organizations that are not children care centers or orphanages may skip this section)*

How long as the Organization provided for the direct care of orphans? \_\_\_\_\_

How many children are currently living with the Organization (in the home)? \_\_\_\_\_

How many orphans are currently living with the Organization (in the home)? \_\_\_\_\_

Are the Orphans attending public schools? If not, please describe: \_\_\_\_\_

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Please describe the health care treatment provided to the orphans? \_\_\_\_\_

Please attach two (2) photographs of the child care center or orphanage (one from the front and one from the back).

Please provide one (1) photograph of each room in the home, two (2) photographs of the eating areas, and two (2) photographs of the main living area.

Please include a video link/internet address of the home if possible (video is not mandatory).

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### **Compliance and Accountability**

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Please describe the Organization's auditing process/procedures.

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Please describe any financial systems the Organization will use for tracing any grant funds.

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### **Other Comments in Support of Your Application** *(Attach additional sheets as necessary)*

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Other Comments in support of your application.

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If chosen as a grant recipient, the Organization understands and certifies that it will use the funds only for the purposes specified herein. It also understands and acknowledges that it must provide periodic written reports concerning the use of the funds. It further acknowledges and agrees that The Orphan Coalition may withhold or recover the funds from the Organization if it fails to use the funds for the purposes specified herein.

As an officer, trustee, manager of the Organization, and natural person responsible for preparing the application, I certify that the facts and information I have provided on this application, in the attached documents, and during interviews, if any, are true and complete, and I agree that, if the Organization is chosen as a grant recipient, incorrect, incomplete or falsified information will be grounds for discontinuing support, regardless of when discovered.

I authorize The Orphan Coalition to investigate all statements made herein or in any interviews and to obtain any and all records, make reference checks, and obtain any other information relevant to this application, and I release The Orphan Coalition and all other parties from any and all liability that may result from obtaining or furnishing such information.

\_\_\_\_\_  
(print name of organization)

Date: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_