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 is your plan to evaluate the project? Please be sure to discuss how you will measure outcomes and/or success. If you have begun to evaluate the project, please provide some key outcome measures in this response.

_____

_____

_____

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.

_____

_____

_____

14. If the project was operational last year, please include a statement or list of the revenues and expenses for the project. If revenues included grant funds from foundations and other organizations, please list the source and amount of each grant.

_____

_____

_____

_____

16. List the names of your organization’s accountant(s) or auditor(s). If you organization does not have an accountant, please explain the reasons.

_____

_____

17. Total funds requested from the Seasongood Foundation:

_____

Please return this original with (7) copies.

PROPOSED 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, (7) 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.