



The Josephine Foundation

FOLLOW YOUR DREAMS

2017 GRANT APPLICATION

The Josephine Foundation *Follow Your Dreams* Grant Application 2017

For more information on the Grant process or assistance with the Grant Application, visit www.thejosephinefoundation.org/grant-process.

Part 1: Applicant Data (print legibly or type)

Date: _____ Amount Requested: \$ _____

Name: _____ Title (if filing as an organization): _____

Address: _____
Street City State Zip Code

Telephone: _____ Fax: _____
(_____) (_____)

E-Mail: _____

Website: _____

Tax ID Number (if an organization) or Social Security Number (if an individual): _____

Have you or the organization ever received a Grant from The Josephine Foundation?

(circle one): **Y** **N** If yes, answer the following questions:

What year(s) was the Grant given? _____

What amount was the Grant(s)? _____

Did the previous Grant(s) serve its purpose? _____

Your "Friend of the Foundation" User ID: _____
(To locate your User ID, log in to The Josephine Foundation website at www.thejosephinefoundation.org and click on your Profile. To obtain a User ID, you must register to "Become a Friend" of the Foundation at our website.)

The Josephine Foundation *Follow Your Dreams* Grant Application 2017

Part 2: Organization Data (enter N/A if not applicable)

Name: _____

Year Founded: _____ Type of Organization: _____

Year Incorporated: _____ State of Incorporation: _____

Number of Paid Staff: _____ Number of Volunteers: _____

Date of Current Fiscal Year: ____/____/____ to ____/____/____

Is your Organization recognized by the IRS as a 501(c)(3) non-profit? (circle one): **Y** **N**

If yes: IRS Tax Exempt Number: _____

Year Granted IRS Tax Exemption: _____

Part 3: Program Information

Briefly describe the program/project for which a Grant is being sought:

Briefly specify how the Grant being sought would be used:

The Josephine Foundation *Follow Your Dreams* Grant Application 2017

Program/Project Director: _____

Program/Project Start and End Dates: ____/____/____ to ____/____/____

Number of Artists/Athletes to Participate: _____

Estimate the total audience, participants, students, etc. (excluding employees or paid performers) that are expected to benefit directly from this program/project, including broadcast audiences or large public events such as festivals in parks: _____

Estimated Number of Towns/Communities to Benefit: _____

Estimated Number of Students to Benefit: _____

Will this program benefit senior citizens and/or lower income families? (circle one): **Y** **N?**

If Yes, briefly explain how below:

Part 4: Facility Data

Name and address of facility where program/project will take place:

How long has this facility been used for arts/sports programs/activities?: _____

The Josephine Foundation *Follow Your Dreams* Grant Application 2017

Part 5: Payment Request Data

NOTE: Complete this Part **ONLY** if the Grant would be payable to someone other than the Applicant (i.e., the "Receiving Organization"). All questions in Part 5 refer to the Receiving Organization.

Name: _____

Tax ID Number: _____

Relationship to Applicant: _____

Address:

Street City State Zip Code

Telephone: _____ Fax: _____
(_____) _____ (_____) _____

E-Mail: _____

Website: _____

Contact: _____ Title: _____

Contact Information (if different from above):

Street City State Zip Code
(_____) _____ (_____) _____
Telephone Fax (optional)

E-mail

The Josephine Foundation *Follow Your Dreams* Grant Application 2017

Part 6: Certification

I, _____, _____,
Applicant or Authorized Official of applying organization Title

do hereby certify that (a) all the figures, facts and representations made in this Grant Application and its attachments are true and correct to the best of my knowledge and belief; (b) any Grant funds received in connection with this Grant Application will be expended as described above; and (c) any changes in contact information, budget, purpose or any other information provided in this Grant Application pertinent to the Grant received will be submitted in writing for approval by The Josephine Foundation within 30 days of said change. By signing this Grant Application, the applicant hereby agrees to comply with all applicable rules, conditions and laws governing, including Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations Governing Fair Labor Practices; the Age Discrimination Act of 1975; the U.S.C. Section 1913 regulating lobby for appropriate monies; the Drug Free Workplace Act of 1988, The Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes and regulations described in OMB circulars A-102 and A-87, Cost Principles.

Signature Date

Signature and title of person preparing this Grant Application, if different from above:

Signature Title Date

(End of Grant Application)

GRANT APPLICATION PROCESSING INSTRUCTIONS

NOTE: Failure to complete the Grant Application and/or follow the below Processing Instructions will result in rejection of the Grant Application.

A Complete Grant Application Package consists of and must include:

- One stapled original (B&W or color) completed Grant Application (pages 1-6 only)
- Six separately stapled copies of original completed Grant Application (pages 1-6 only)
- One copy of IRS 501(c)(3) Statement of applying organization (if applicable)
- One copy of Mission Statement of applying individual or organization

Mail the Complete Grant Application Package to the below address by United States Postal Service Priority Mail, without recipient signature confirmation. The envelope must be post-marked no earlier than November 1, 2016 and no later than December 31, 2016.

No e-mail, fax or other forms of delivery or submission will be accepted. Premature, late, incomplete or otherwise non-compliant Grant Applications will be rejected and not considered for a 2017 Grant.

Mailing Address:

The Josephine Foundation
Andrew Joseph Koslosky
Chairman of the Board
2 Karen Court
Westbury, NY 11590

2017 Grant Awards will be announced in February 14, 2017
at www.thejosephinefoundation.org.

All approved Grants will be awarded at
The Josephine Foundation Follow Your Dreams Annual Gala in June 16, 2017.

Thank You for Being a Friend of The Josephine Foundation