



## EDYTH BUSH CHARITABLE FOUNDATION

### Account Login

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### Please Sign In

Welcome to The Edyth Bush Charitable Foundation. Please enter in your e-mail and password below to access saved applications and to complete your online requirement forms. If you are a new applicant, please create a log in by entering in your e-mail and choosing the first option below.

E-mail Address:

I am a new online applicant

I am a returning online applicant.

My password is:

[Forgot your password? Click here](#)

**Edyth Bush Charitable Foundation Grant Request Application**  
**Organization Information**

Organization Name

Federal Tax EIN

Is your tax exemption status current?

By checking the box below you certify that your organization's tax exemption under IRC Section 501(c)3 and your status under Section 509(a) has not been revoked or modified

Address

Physical location address, no PO Boxes please

City

State

<Select One>

Postal Code

Phone

Fax

Web Address

Please format web addresses as follows: www.orgname.com

Background

Please give a us a brief summary of your organization's mission

Fundraising Federation

Are you a member of any of the following federations?

## Primary Organization Contact Information

Information of your organization's CEO, President, or Executive Director

Prefix

First Name

Last Name

Title

E-mail

**If your primary contact has a separate address from that of the organization, please enter that information below. If the organization's address is the same leave these fields blank**

Additional Address

Additional City

Additional State

<None>

Additional Postal Code

## Organization Budget Information

Annual Budget

Total budget for the entire organization

**The following information is found on your most recent IRS Form 990 or Audit**

Reporting Year Date

Please list the fiscal year end date of the IRS 990

Fundraising Amount

Government Funding Amount

Management & General Amount

Program Service Amount

Total Expenses Amount

Total Revenue Amount

## Contact Information

**The following information should be completed based on the primary contact for the proposal**

If this contact is the same as the organization's primary contact, please leave blank

Prefix

First Name

Last Name

Title

## Proposal Information

Request Submission Date

Proposal Title

Brief one sentence summary of your proposed request

Request Amount

Please provide us a complete statement of why the grant is needed and what will be done with the money

How will your request promote the Foundation's mission of Creating Innovative Civic Solutions Helping People Help Themselves?

**Please list up to four goals of the request.**

These are quantifiable goals you seek to achieve that will be used to measure the success of the project

Goal 1

Goal 2

Goal 3

Goal 4

**Project Budget Information**

Project Budget

Total cost of the entire project from all sources

An explanation of why your organization cannot assume the budget or costs of the project with

its own resources and fundraising

Proposal Start Date

When will the project begin

Proposal End Date

When will the project end

## **Disclaimer**

**Please be aware that all submissions and subsequent attachments become property of The Edyth Bush Charitable Foundation and WILL NOT be returned.**



## EDYTH BUSH CHARITABLE FOUNDATION

### Edyth Bush Charitable Foundation Grant Request Application

Contact Us [Edyth Bush Charitable Foundation](#)

Account:

\* Required before final submission

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Application](#)

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### Attachments

For you application to be considered complete you will need to submit the following attachments:

**Program Budget:** A detailed budget of the project or need, showing how the requested funds from this Foundation would be spent. (Three columns usually are effective: Line Item, Total Project, and Foundation Funds).

**IRS Determination Letter:** A copy of the most recent letter of exemption from the Internal Revenue Service demonstrating that it is an organization exempt from Federal Income Tax under Section 501(c)3 of the Internal Revenue Service.

**IRS 990 (Most Recent):** Latest annual IRS Form 990

**Audit:** Balance Sheet and detailed Income Statement (as audited by the organization's Certified Public Accountant, if such audits are made.

**Management Financials:** Provide the most recent quarterly or monthly management financial statement as well, if the annual statement is more than three months old. This recent information should include a balance sheet and year-to-date income statement.

**Board Member List:** The names, occupations, and

affiliations of each of the Board of Directors of the Trustees responsible for the management of the requesting organization.

Other: You may attach up to two additional documents.

**Upload**

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.

Title: Program Budget (Required)

File Name: