



## Snee-Reinhardt Charitable Foundation

Thank you for downloading the  
Snee-Reinhardt Charitable Foundation Grant Application.

Please be aware that our Grant Application Process has changed.

### Request Check List:

1. Your cover letter should state the amount requested and a brief overview of the request, not to exceed two (2) pages.
2. Proposals are to be submitted on 8.5 x 11 paper and be unbound.
3. Supportive materials (e.g. brochures) should not exceed more than five (5) pages.
4. A complete, to-the-point description of the project detailing the purpose and objectives.
5. To-the-point procedures for project implementation.
6. An itemized budget including estimates.
7. Photographs and/or drawings of the current areas/items being replaced/constructed including items to be purchased (e.g. dishwashers, dryers, computers).
8. A list of donors being pursued. If no other donors are being pursued, please note along with a reason for not seeking funds from other sources.
9. A copy of the organization's tax-exemption declaration.
10. A professionally prepared or official financial statement. In certain instances, a professionally prepared financial statement is not available due to the organizations association within a community (e.g. fire stations). If your organization does not have access to professional prepared financial statements, please call the office to obtain what financial documentation is needed.
11. A list of the organization's current Board of Directors.
12. A list of corporate or foundation donors within the last year.

If any of the following information is missing from the proposal, the request will not be reviewed until all the information is received.



# Organization Information

Organization Name

Contact Name

Contact Title

Second Contact Name

Second Contact Title

Telephone Number

Second Telephone Number

Fax Number

EIN or Tax Exempt Number

Primary Address

Secondary Address

Website Address

Mission Statement

Category

Arts & Culture  
 Education  
 Miscellaneous

Environmental  
 Health/Medical

Human Service  
 Religion



# Grant Summary Request

Please limit descriptions to the space provided.

Amount of request

Grant Request Summary (One or two sentences describing the nature of the request)

Detailed Summary (Usage of Grant) - NO ATTACHMENTS WILL BE ACCEPTED