



# Grant Request Form

For a Grant Request to be considered, it must be made by a Section 501(c)(3) organization which is a "public charity" other than a "supporting organization." Please complete the following request form and return to:

Kendall S. Mikesell, President  
The Chris Mikesell Foundation  
PO Box 800  
Clearwater, KS 67026-0800

Date of request: \_\_\_\_\_ Date response is needed: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

Requested by: Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

## Purpose of Grant Request

Charitable purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Benefit to community: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of persons impacted: \_\_\_\_\_

Anticipated results and how they will be measured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why should Chris Mikesell Foundation be involved in this project? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What acknowledgement or recognition of its support will Chris Mikesell Foundation receive if the grant is approved?

\_\_\_\_\_

Applicant represents and warrants that it is an (i) an organization defined in Section 501(c)(3) of the Internal Revenue Code, (ii) is not a supporting organization as described in Section 509(a)(3) of the Code, and (iii) is not a private foundation as defined in Section 509(a) of such Code. Applicant agrees to provide such additional information as the Foundation may request from time to time in connection with the grant requested herein.

The foregoing information is true, complete, and correct to the best of Applicant's knowledge and belief, and Applicant will immediately make the Foundation aware, in writing, of any changes to such information.

Name of Applicant \_\_\_\_\_

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