



## GRANT APPLICATION

Note: Application must be **COMPLETELY** filled out in order to be considered.

### Organization Information

Organization's Name	<input type="text"/>		
Address	<input type="text"/>	Date of Incorporation	<input type="text"/>
City, State, Zip	<input type="text"/>	Tax ID Number	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>
		Website	<input type="text"/>
Executive Director	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		
Contact Person/Title	<input type="text"/>	Phone Number	<input type="text"/>
Email Address	<input type="text"/>		

### Primary Service Category (Check Only One)

- Education       Health       Human Services       Other

### Summarize the Organization's mission (2-3 Sentences):

### Geographic Service Area

List the type of clientele you serve and the number served per year.  
(Who and how many will benefit?) :

### Financial Information

Current Operating Budget  
for Entire Organization in Dollars:

## Fund Raising Costs

In Dollars:  Percentage:

## Administration Costs

In Dollars:  Percentage:

## Principal Sources of Support (in Percentage)

Earned Income:	<input type="text"/>	Individual Contributions:	<input type="text"/>	Gov Contracts:	<input type="text"/>
United Way:	<input type="text"/>	Foundations, Corporations:	<input type="text"/>	Other:	<input type="text"/>

## Grant Request

Program Title:

Other:

Total Program Budget in dollars (copy required; see Required Attachments on p. 3)

Amount Requested in Dollars:

Time Frame in which the funds will be used. (From, To)

Summarize the purpose of your request. (4-5 sentences)

How will the program be funded in the future?

## List other requested funding sources

Funding Source	<input type="text"/>	Amount	<input type="text"/>	Status of Request Date Rec'd/Pending	<input type="text"/>
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## Required Attachments

1. Current Board of Directors, please list business addresses/occupations.
2. 501 (c)(3) Determination Letter.

**Note:** The Foundation only considers applications from non-profit organizations as defined under the Internal Revenue Code and applicable regulations. The applicant must have obtained such letter prior to submitting an application and must include a copy with this application.

3. Copy of Program Budget.

*Please do not send any supplemental documents (including marketing material, annual reports, etc.) with your application. If we need further information, we will request it once we have reviewed your application.*

### Submit your complete application to:

Joseph E. & Marjorie B. Jones Foundation  
Attn: Application Processing  
P.O Box 6677  
Annapolis, MD 21401

**Note:** *The application deadline is May 31st each year. All applications must be **IN** our P.O. Box no later than May 31st. No hand-delivered applications will be accepted. There will be no exceptions to this policy. If an application is received after May 31st, it will be held and considered for the following grant year.*

*All application packages must be sent in hard copy to the P.O. Box address. No email or electronic submissions will be accepted. All applicants will receive an "acknowledgment" email upon receipt of their application.*