



## GRANT APPLICATION

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

### ORGANIZATION INFORMATION

Organization Name _____	Date of Incorporation _____
Address _____	Tax ID No. _____
City _____	State/Zip _____
Telephone _____ Fax _____	E-mail _____
Executive Director _____	Telephone _____
Contact Person/Title _____	Telephone _____

### Primary Service Category (check only one)

Education     
  Health     
  Human Services

Other \_\_\_\_\_

**Summarize the organization's mission (2-3 sentences)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Indicate geographic service area** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

### FINANCIAL INFORMATION

**Current Operating Budget for entire organization** \$ \_\_\_\_\_

Fund Raising Cost \$ \_\_\_\_\_ %      Administration Cost \$ \_\_\_\_\_ %

### Principal Sources of Support

Earned Income _____ %	Individual Contributions _____ %	Govt. Contracts _____ %	
United Way _____ %	Foundations/Corporations _____ %	Other _____ %	



## **REQUIRED ATTACHMENTS**

- Current Board of Directors, please list business addresses and occupations.
- The Foundation considers grant application only from non-profit organizations as defined under the Internal Revenue Code and applicable regulations. The applicant must have obtained a 501(c)(3) determination letter prior to submitting an application and must include a copy with this application.
- Copy of Program Budget.

**Please submit your complete application to the following address:**

Joseph E. & Marjorie B. Jones Foundation  
Attn: Application Processing  
1666 Connecticut Ave., NW, Suite 200  
Washington, DC 20009-1039

***Note: Deadline for submission is May 31<sup>st</sup>. Grants are awarded before Dec. 31<sup>st</sup>.***