

**LDPPMF GRANT APPLICATION FORM**

Name of Organization Requesting Grant:

**ORGANIZATION INFORMATION**

Primary Contact Name:  
Primary Contact E-Mail:  
Primary Contact Phone:  
Organization Mailing Address:  
City, State, Zip Code:

Organization EIN:  
Number of Employees:  
Number of Volunteer Staff:

List of Officers:

Have you previously received a LDPPMF grant?  Yes  No

If yes, date of last application:

Amount of last grant awarded:

Brief description of project:

**FINANCIAL INFORMATION**

Please provide the following information for the last three (3) calendar years.

Year

Total Revenue

If your organization is a registered 501(c)(3), please indicate which category of 990 you file with the IRS:

990

990-PF

990-N

990-EZ

**MORE ABOUT YOUR ORGANIZATION**

What is the Mission and purpose of your organization?

When was your organization formed?

What do you do? Please describe the charitable purpose of your organization or program.

How does your program/organization specifically benefit youth/families in MI and OH?

**YOUR PROPOSED GRANT**

How much are you requesting from the LDPPMF?

What is the total proposed project budget?

Are there any additional funding sources?       Yes     No

If yes, please describe:

Please describe your project, including the anticipated benefit to children and families in MI and/or OH:

How many people from your organization will participate in the project?

When will this project take place? (start/end dates)

Please include any additional information that you believe would assist in evaluation of your funding request.

### INSTRUCTIONS

Please complete this grant application form and e-mail with your most recent annual or financial report to:

[info@denardopolkmemorialfoundation.org](mailto:info@denardopolkmemorialfoundation.org)

Subject Line: Grant Application

Please include any additional project proposals that have been prepared to solicit funds for your project/activity.

Grant applications must be received by November 1st of the year preceeding your project/activity date.

Applications received after this date will be considered on a case by case basis.

### DISCLAIMER

You must fully complete and execute this application before any consideration of a grant can be provided by the LDPPMF.

Please note that we will only accept grant applications completed using this form. You may include additional items as PDF documents and e-mail to: [info@denardopolkmemorialfoundation.org](mailto:info@denardopolkmemorialfoundation.org)

Upon submission, this application (together with all attachments and information the LDPPMF later secures from any source) shall become the exclusive property of the LDPPMF and will not be returned to you for any reason.

This application seeks only preliminary information. No representations, promises and/or warranties are made by the LDPPMF, its Trustees, or its agents that you will either be given a grant or that any special consideration will be given to this application.

For purposes of this application, the terms "you", "your" or "requesting party" shall mean the entity and/or persons identified above who is/are requesting a grant from the LDPPMF. The term LDPPMF shall mean the Lisa DeNardo - Pete Polk Memorial Foundation as well as its Trustees, agents, directors and assigns.

### ACKNOWLEDGEMENT

By executing this application, you also acknowledge, understand and agree to the following:

1. The LDPPMF is under no obligation to consider this request.
2. The LDPPMF is not obligated to provide any explanation regarding denial of this application.
3. The information provided in this application and all included documentation is true and accurate.
4. Authorize the LDPPMF, its Trustees and/or agents, to verify any information you now or later provide.
5. That you are making the following representations to the LDPPMF and the LDPPMF is relying upon them:
  - a. Compliance with all laws, government regulations, licensing requirements, and other obligations regarding your expressed intended use of the grant.
  - b. That you have the right to use any name, address, trademark, copyright, and/or representation associated with your expressed intended use of the grant.

**ACKNOWLEDGEMENT (CONTINUED)**

6. That you (not only for yourself but also your owners, partners, shareholders, officers, directors, representatives, agents, volunteers, employees, program participants, affiliates and attorneys) agree to indemnify the LDPPMF (as well as its Trustees and all their respective heirs, executives, predecessors, successors and assigns) from any and all actions, claims, suits demanded, causes for action, debts, liabilities, damages, costs and expenses, whether in equity or law, whether for personal injury or other, whether known or unknown, or any nature whatsoever, that either you, any program participant or any other person or entity associated with the proposed use of the requested grant may have against the LDPPMF.

7. That, if the LDPPMF gives you a grant and you fail to perform or undertake the proposed use identified, you will not only immediately return the grant to the LDPPMF but you will also be responsible for all costs, expenses and attorney fees incurred by the LDPPMF recovering it.

8. That the LDPPMF does not make any representations that information supplied by you or further secured by it will be held confidential. The LDPPMF may, in its sole discretion, disseminate such information to any person or entity, including the media.

9. That no promises have been made to you and that this application alone contains the entire agreement between you and the LDPPMF.

10. That you have had the opportunity to review this application with your own counsel and are submitting it freely, voluntarily and without any undue physical or economic duress.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_