



HANSEN FAMILY FOUNDATION  
GRANT APPLICATION

1. Organization name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you a 501(c) 3 non-profit organization? \_\_\_\_\_  
-Tax ID number \_\_\_\_\_

3. Contact person: -Name \_\_\_\_\_  
-Title \_\_\_\_\_  
-Phone number \_\_\_\_\_  
-E-mail address \_\_\_\_\_  
-Website name \_\_\_\_\_

4. Organization biographical narrative (origin, history, board composition, staffing, volunteer involvement, mission, major accomplishments, etc):

5. What specific services or products are provided? Give examples.

6. How are services or products delivered?

7. What areas are serviced by the organization (geographic, demographic, etc)?

8. Organizational funding:

-annual budget \$ \_\_\_\_\_

-funding sources \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-% of funds used for overhead costs \_\_\_\_\_%

-% of funds used to directly provide services or products \_\_\_\_\_%

9. Grant amount requested from the Hansen Family Foundation? \$ \_\_\_\_\_

10. For what specific purpose(s) will the grant be used?

11. If this grant will be used for a specific project, how will the grant money be distributed?

-% of specific project total \_\_\_\_\_%

-% to overhead costs \_\_\_\_\_%

-% to delivery of direct services or products \_\_\_\_\_%

12. If grant money will be used for building construction or improvements:

- % to building construction or improvements \_\_\_\_\_%

- % to overhead costs \_\_\_\_\_%

- describe your fundraising plan

- provide copies of any competitive bids

- provide property insurance information

- coverage amount \$ \_\_\_\_\_

- insurance company \_\_\_\_\_

13. If your organization previously received grant money from the Hansen Family Foundation, how were those funds used?

14. Additional comments:

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