

# Social Action Committee Grant Application

Regular decisions regarding funding  
will be made in April/May & October/November



**First cycle submission deadline: April 30, 2012**  
**Second cycle submission deadline: October 29, 2012**

24 Fountain St., N.E.  
Grand Rapids, MI 49503  
Phone: (616) 459-8386  
Fax: (616) 459-4809

**Please complete entire application form**

## (1) Name and Contact Information of Congregant requesting SAC funds for this organization:

Your name: \_\_\_\_\_  
(Please briefly describe your history of engagement with this agency or program)

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

Phone numbers:

Email: \_\_\_\_\_

Home: \_\_\_\_\_

What's the best way to contact you? Please check one:

Cell: \_\_\_\_\_

Email  Cell Phone  Home Phone

Work: \_\_\_\_\_

Work Phone

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## (2) Information on Organization/Agency:

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Authorized Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Year Organization Founded: \_\_\_\_\_

Primary Source of Funds: \_\_\_\_\_

Prior FSC Social Action Committee Funding:  No  Yes: \$\$/Year: \_\_\_\_\_

Is your organization tax exempt under IRS 501(c)(3) or comparable IRS status?

Yes  No

Is your organization part of a government entity?  Yes; Name: \_\_\_\_\_  No

Verification of your organization's tax exempt status may be requested.

If you answered "no" to both questions above, please explain:

\_\_\_\_\_

**(3) Information Pertaining to the Grant Requested:**

**Grant Amount Requested:** \$ \_\_\_\_\_

This request is to be used for:  This organization's General Operating Budget  A Specific Project

Total Project Cost: \$ \_\_\_\_\_ Numbers Served by Project: \_\_\_\_\_ Project Time Period: \_\_\_\_\_

The program/project using these funds primarily serves (select all that apply):

Women  Children  Racial/Ethnic Minorities  Environment  Housing

Other, please explain: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Source(s) of Other Funds to Support This Project: \_\_\_\_\_

**In the space below, please write a short summary of the need for and the plan to undertake this project (use an additional sheet if necessary):**

\_\_\_\_\_  
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Completed form may be sent to FSC, attention Lisa Nadziejka or [lnadziejka@fountainstreet.org](mailto:lnadziejka@fountainstreet.org)