



Eating Disorder Task Force of Indiana Grant Application Form

Name of Organization _____

Contact Person/Phone Number _____

Mailing Address _____

FAX Number/ E-Mail Address _____

Tax Exemption/non-profit status: Please attach a copy of your IRS determination letter (to verify tax-exempt status)

NATURE OF REQUEST

Briefly describe the capital project for which you are requesting a grant: _____

Amount you are requesting from EDTFI: \$ _____

Total amount needed for project: \$ _____

Deadline grant needed by: _____

Is your organization contributing to the project in terms of cash/or in-kind/non-cash? If so, please provide details of the contribution. _____

From what other companies/revenue sources are you requesting a contribution, and for how much? _____

Who will benefit from this project? _____

If the EDTFI supports your project, how will you measure its effectiveness and follow-up with the Task Force with your results? (Please describe)

Are there specific results/outcomes that are expected? _____

MORE ABOUT YOUR ORGANIZATION

1. Do you have a volunteer board of directors? _____
If yes, please attach a roster of the board?

2. What are your total annual operating expenses? \$ _____ for year _____

3. What are your total annual fund raising expenses (as a dollar/or percent of total operating expenses)? \$ _____

4. Briefly describe your organization's financial accountability. Are you audited independently on an annual basis? If so, by whom?

5. Please list ways that EDTFI may be recognized for awarding a grant to your organization. _____

CONTIGENCY PLANNING

If EDTFI is unable to award a grant for all or some of your requested amount, what is your back up plan?

Person submitting this request _____
Phone Number _____
Relationship to requesting organization _____
Date submitted _____
Send all correspondence to: _____
