



Providing an Anchor of HOPE

TEB FOUNDATION, INC.

GRANT APPLICATION

Please provide all of the following information in order for the grant request to be considered by the Foundation. Please fill within the space or attach supporting statements corresponding to the numbered questions below.

1. General Information:

- Title of organization
- Name of contact person
- Address

- Phone number
- Alternate phone number
- Fax number
- E-mail address
- Website address of organization

2. History of the organization and description of existing services:

- Mission Statement

- Current number of staff members
- Current number of volunteers
- Current number of programs
- Description of programs and accomplishments

3. Demographics of population served by organization:

- Clients served historically and annually
- Geographic location

- Socio-economic status

- Ethnicity

- Gender

- Age

4. Description of the proposed project or program:

- Purpose of the requested grant

- List of specific needs or components

- Logistics involved

- Goals and objectives

- Projected number of clients

- Demographics of clients if different from above

- Names and qualifications of staff involved with the proposed project or program

5. Finance of project or program (duplicate as needed to include all specific requests):

- Specific dollar amount requested

- Proposed program budget including projected income and expenses

- Date payment is needed
- List all other entities who have been requested or have committed to provide financial support to the proposed project or program, including financial contributions to date and all future dollar amounts committed

- Plans of projected income sources to continue the project or program upon conclusion of the grant period

6. Evaluation of project or program:

- Identify measurable, time-specific goals

- Describe what information will be collected to measure progress and the means of obtaining this data

7. Additional organization information requested

- List of board members and their financial participation (e.g., yes or no)

- Current year operating budget

- Year-to-date financial statements

- Most recent external audit

- Most recent IRS Form 990 return filed

- A copy of the latest verification from the Internal Revenue Service of tax-exempt status as an organization described in Section 501(c)(3) of the Internal Revenue Code describing the organization’s status as a public charity under Section 509(a) of the Internal Revenue Code (note: If a supporting organization described in Section 509(a)(3) of the Internal Revenue Code, please complete the form attached as Exhibit A and the Foundation will contact you if additional information is needed.)
- Grantees must submit annual reports for each year in which grant funds remain unspent, and a final report once all grant funds have been expended. Such reports must include financial and narrative information sufficient to demonstrate that the grant funds were spent for the intended purposes.
- **In the event the applicant is awarded a grant by TEB Foundation, Inc., by its submission of a grant application the applicant authorizes the use of its name and logo in all of the Foundation’s publications and on its website identifying the applicant as a recipient of a grant.**

Please address grant correspondence to:

TEB Foundation, Inc.
 Theresa Clavin, Administrative Assistant
 4111 South Darlington, Suite 900
 Tulsa, Oklahoma 74135
tclavin@hmkoklaw.com

CERTIFICATION:

I, _____, verify that the information set forth above and in attachments to this Grant Application, including Exhibit A if applicable, is correct and complete. I further certify that the IRS determination letter regarding the applicant’s Section 501(c)(3) and public charity status included with this grant application remains in effect and reflects the current classification of the applicant for federal income tax purposes.

 Signature

 Title

 Date

Exhibit A

Supporting Organization Information Request Form

Supporting Organization Name:

Supported Organization(s) Name:

Supporting Organization Type: *Please select the type that most appropriately describes your organization and include copies of your Articles of Incorporation and Bylaws:*

_____ **Type 1:** A parent subsidiary relationship exists and the supported organization's board appoints or elects at least a majority of the board of the supporting organization.

_____ **Type 2:** An overlapping board relationship exists where at least a majority of the supporting organization's board members also are members of the supported organization's board.

_____ **Type 3:** One member of the supporting organization's board is appointed by the supported organization, and there is a greater degree of independence from the supported organization.

_____ Yes _____ No If Type 3, is the supporting organization functionally integrated with the supported organization and an integral part of the supported organization?