



Grant Application Form

The Stuller Family Foundation is a private family foundation serving the Acadian region. The Foundation does not make grants to individuals, athletic teams, or political organizations. Acceptance of a donation from the Stuller Family Foundation is an agreement to use the grant as designated in this application form. The Stuller Family Foundation reserves the right to withhold or stop funding if the organization’s charitable purpose or the use of this specific grant is not as indicated herein. **Completion and/or submission of an application is not an agreement to fund and does not constitute any liability for, or to, The Stuller Family Foundation to furnish or provide any financial support or backing to the applying organization.**

Instructions

All applications must be typed and delivered digitally to stullerfoundation@stuller.com. For questions regarding the application process, reporting, or general information please contact us at the email listed above or at (337) 735-8894.

Evaluation documents: (required) Failure to provide any of the documents outlined below may result in disqualification from the grant process.

- IRS Tax Exemption Letter (or one of the documents applicable below)
 - Fiscal agent's letter or agreement
 - A document stating that you are a government entity
 - A document stating that you are in the process of obtaining your 501(c)(3) status and date filed
- Most recent 990 or 990EZ Filing
- List of your current board of directors. Please include names and positions of each board member

Supplemental documents: (not required – please limit to essential materials only)

Quarterly Reporting/Updates (required)

- Organizations receiving a grant are required to complete a quarterly report. Failure to do so may disqualify recipients from consideration for future grants from the Foundation.

GRANT CONTACT	EXECUTIVE DIRECTOR
_____ Primary Grant Contact Name	_____ Executive Director Name
Phone _____	Phone _____
Email _____	Email _____

Submission Authorization

By checking this box, the individual submitting this application is duly authorized to do so. Where applicable, program staff, leadership and/or board members whose work will be impacted by this grant, if awarded, are aware of this grant application.

Applicant Name (please print)

Applicant Signature

ORGANIZATIONAL INFORMATION		OPERATIONAL TRANSPARENCY	GRANT IMPACT INFORMATION
_____ Legal Name of Organization Applying _____ Address _____ City, State Zip Code _____ Website _____ Year of Formation _____ Employee Identification Number (EIN)		_____ Total Number of Board Members Please indicate "Y" Yes or "N" No for the items below: ___ Board Compensation ___ Documented Board Minutes ___ Independently Audited Financials ___ Whistleblower Policy ___ Conflict of Interest Policy ___ Loans to Disqualified Persons ___ Material Diversion of Assets	_____ Total individuals impacted by this grant <hr/> Geographic Area Impacted by Grant ___ Acadia Parish ___ Lafayette Parish ___ St. Landry Parish ___ St. Martin Parish ___ Vermilion Parish ___ Iberia Parish ___ State of Louisiana ___ Other (please specify)
ORGANIZATION MISSION		Annual Financial Information	
		\$ _____ Total Annual Revenue \$ _____ Total Annual Expenses \$ _____ Revenue Less Expenses \$ _____ Total Assets \$ _____ Total Liabilities \$ _____ Net Assets or Fund Balances	<hr/> Population Group(s) Impacted by Grant ___ All Age Groups ___ Seniors (56 and up) ___ Adults (36-55) ___ Young Adults (18-35) ___ Teens (13-17) ___ Pre-Teen (10-12) ___ Children (6-9) ___ Children 5 years and under
ORGANIZATION CLASSIFICATION	ORGANIZATION FUNDING SOURCES	Annual Functional Expenses	
___ Animal Welfare ___ Arts and Culture ___ Civic/Community Development ___ Ecclesiastical ___ Education ___ Environment & Conservation ___ Health & Wellness ___ Humanitarian ___ Human and Civil Rights ___ Research ___ Other (list below) _____	_____ % Federal Grants _____ % State Grants _____ % Local Grants _____ % Donations _____ % Membership Dues _____ % Program Fees _____ % Service Contracts 100% Total Sources above should add up to 100%. <i>Round to the nearest whole percentage</i> _____ No. of Full Time Employees _____ No. of Part Time Employees	\$ _____ Total Program Expenses (w/o salaries) \$ _____ Total General Mgmt. Expenses (w/o salaries) \$ _____ Total Salaries \$ _____ Total Fundraising Expenses (w/o salaries)	<hr/> Economic Group(s) Impacted by Grant ___ All income levels ___ Households at or below poverty ___ Medium income ___ High income

HOW WILL YOU MEASURE THE SUCCESS/IMPACT OF THIS GRANT REQUEST

Empty space for measuring success/impact of the grant request.

HOW DID YOU HEAR ABOUT THE STULLER FAMILY FOUNDATION

Previous Applicant/Grant Recipient

Referred by another organization (please specify organization)

Stuller Family Foundation website

LinkedIn

Facebook

Referred by an individual (please specify individual)

Grant Watch

Stuller Family Foundation Sponsored Event

Other (please specify)

Parish Proud Event

Stuller Inc. Employee

Community Foundation of Acadiana

THANK YOU FOR YOUR APPLICATION