



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

GRANT REQUEST INFORMATION

\$ _____
Total Amount Requested

Requested as a Match

\$ _____
Total Program Cost

MAJOR SOURCES OF FUNDING IN SUPPORT OF THIS REQUEST

Sources should represent 80% of the total program cost. You may include this grant request as a source for the calculation.

1. \$ _____ **Total Funding Received to date in support of this program.**

2. _____ \$ _____
 Source Name Amount Requested Received

3. _____ \$ _____
 Source Name Amount Requested Received

4. _____ \$ _____
 Source Name Amount Requested Received

5. _____ \$ _____
 Source Name Amount Requested Received

BRIEF DESCRIPTION OF GRANT REQUEST

HOW WILL YOU MEASURE THE SUCCESS/IMPACT OF THIS 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

Referred by an individual (please specify individual)

Facebook

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

www.stullerfoundation.org