



## Grant Request

### Information:

Please allow 2-4 weeks for review

Email rikki@estesmaterialsales.com

Mail PO BOX 161 Hope, IN 47246

Drop off in a sealed envelope: Estes Material Sales 11793 N. State Rd. 9 Hope, IN 47246

[www.estesfoundation.org](http://www.estesfoundation.org)

### Main Criteria Factors:

1. A 501c3, Educational Facility, or program that directly benefits students in Bartholomew County.
2. How closely the request fits with the core mission of the foundation
3. The amount of left over funds from scholarship requests. Could vary from year to year.

### Requested Documents

1. Completed Application
2. Invoice or Project Expense Detailed Overview
3. Certification of Not for profit

Name of Organization \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

TID # \_\_\_\_\_ Are you a Not for Profit/ 501c? \_\_\_\_\_

Grant Requested Amount \$ \_\_\_\_\_

Date funds are needed: \_\_\_\_\_

Tell us about your program: What will the money be used for? How will the grant impact the program?

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Do you have any other donors for this specific project or use? Have you fundraised?

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Please provide an itemized list of expenses you wish the grant to cover:

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Have you requested funds for a similar purpose from the foundation in the past?

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Does your request for funds directly impact students in Bartholomew County?

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TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT:

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title