

## **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 <u>stullerfoundation@stuller.com</u>. 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)
  - o 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
- o 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		Total Number of Board Members	Total individuals impacted by this grant
		Please indicate "Y" Yes or "N" No for the items below:	Geographic Area Impacted by Grant
Address		Board Compensation	Acadia Parish
City, State Zip Code	<del></del>	Documented Board Minutes	Lafayette Parish
Walaita		Independently Audited Financials	St. Landry Parish
Website		Whistleblower Policy	St. Martin Parish
Year of Formation		Conflict of Interest Policy	Vermilion Parish
5 1 11 15 15 15 15 15 15 15 15 15 15 15		Loans to Disqualified Persons	Iberia Parish
Employee Identification Number (EIN	1)	Material Diversion of Assets	State of Louisiana
ORGANIZATION MISSION		Annual Financial Information	Other (please specify)
ORGANIZATION CLASSIFICATON  Animal Welfare Arts and Culture Civic/Community Development Ecclesiastical	ORGANIZATION FUNDING SOURCES % Federal Grants % State Grants % Local Grants  % Donations	\$ Total Annual Revenue  \$ Total Annual Expenses  \$ Revenue Less Expenses  \$ Total Annual Salaries  \$ Total Assets  \$ Total Liabilities  \$ Total Liabilities	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
<del></del>		Net Assets or Fund Balances	Children 5 years and under
Education	% Membership Dues	Annual Functional Expenses	
Environment & Conservation	% Program Fees	\$	Economic Group(s) Impacted by Grant
Health & Wellness	% Service Contracts	Total Salaries (including payroll taxes and benefits)	All income levels
Humanitarian	100% Total Sources above should add up to		Households at or below poverty
Human and Civil Rights	100%. Round to the nearest whole percentage	\$ Total Program Expenses	Medium income
Research		(without salaries)	High income
Other (list below)	No. of Full Time Employees	\$	
	No. of Part Time Employees	Total Fundraising Expenses (without salaries)	

GRANT REQUEST INFORMATION				
\$ Total Amount Requested	Requested as a Match	\$ Total Project Cost		
	CAPITAL CAM	PAIGN DETAILS		
Start/Projected Start Date		Completion/Projected Completion Da	te	
CAMPA	AIGN PHASES	ADDITIONAL PL	ANNING DETAILS	
Indicate below the current phase o raised for each phase in the column				
Planning Phase		Additional Land Purchase	YesNoPending	
Silent Funding Phase	Line A. \$ Total Funds/Pledges Raised	Permitting/Zoning	YesNoPending	
Public Funding Phase	Line B. \$ Total Funds/Pledges Raised	Architectural Plan  If "yes" please include a  rendering with application	YesNoPending	
Bank Loan	Line C. \$Loan Amount	Architect Name		
	% Interest RateTerm (in Months)	Construction Bid(s)  If "yes" please include the bid(s) with the application	YesNoPending	
Contingency Funds	Line D. \$ Contingency Amount	Construction Company Name		
Construction/Final Phase	\$	ADDITIONAL PROJECT DETAILS		
FACILIT	Y CAPACITIES			
For School Projects:	For Ecclesiastical Projects:			
Pre-K (total students)	Total Congregation Size			
Elementary (total students)Middle (total students)	For All Other Projects:			
High (total students)	Total Facility Capacity			
Total Number of Students				

HOW WILL	YOU WEASURE 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				
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				
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## THANK YOU FOR YOUR APPLICATION