



La Michoacana Foundation Grant Request Form

Organizations eligible for consideration for a grant must meet the following criteria:

- Must be a 501(c)(3) nonprofit in good standing with the IRS;
- Must be a charitable organization in the community or branch of national organization;
- Must provide specific programs and/or services that directly benefit educational programs, wellness for K-12 students, healthcare, provide scholarships, and/or related issues;
 - **Note:** *The charity itself does not need to solely serve children to qualify.*
- Must be the organization that will receive and utilize the funds. Funds from La Michoacana Foundation may not be passed from the organization to another nonprofit agency; and
- Must request funding for direct programming cost and not general administrative, operating or maintenance costs.

Please apply via www.lamichoacanafoundation.com/en/grants



La Michoacana Foundation Grant Request Form

Name of person filling the Application:
Title:
Address:
Phone:
Email
Name of Organization:
Amount Requested:
Grantee URL (if any):
<ol style="list-style-type: none"> 1. What is the mission of your organization? 2. Goals: Briefly describe how you will use the funds and what the grant would accomplish with La Michoacana Foundation's support.

Organization Information: *As shown on Federal Income Tax Returns and other IRS correspondence*

Organization's Full Legal Name: _____												
Employer Identification Number (EIN):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											-
Is your organization a Public Charity as defined by IRS Publication 78? Yes <input type="checkbox"/> No <input type="checkbox"/>												
Organization's Physical Address: _____												
City: _____	State: _____	Zip Code: _____										
Phone #: _____	Fax #: _____	Email: _____										

Remittance Information – Address to where you want the check mailed: *(if different than above):*

Organization Name: _____		
Organization Address: _____		
Contact Name: _____		
City: _____	State: _____	Zip Code: _____
Phone #: _____	Fax #: _____	Email: _____