



## 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/concesiones](http://www.lamichoacanafoundation.com/concesiones)



## La Michoacana Foundation Grant Request Form

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

<b><u>Organization Information:</u> As shown on Federal Income Tax Returns and other IRS correspondence</b>												
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></tr></table> - <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></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: _____										
<b><u>Remittance Information – Address to where you want the check mailed: (if different than above):</u></b>												
Organization Name: _____												
Organization Address: _____												
Contact Name: _____												
City: _____	State: _____	Zip Code: _____										
Phone #: _____	Fax #: _____	Email: _____										