**Elizabeth Ruthruff Wilson Foundation Grant Application**

**Eligibility Requirements**
Organizations submitting an application must meet the requirements listed below:

1. An organization must have current 501(c) (3) Public Charity status from the Internal Revenue Service or be a government entity.
2. Organizations must be located in, or serve the population of Lenawee County, Michigan
3. Proposals must relate to music or the performing arts.
4. Proposals must be aligned with the Foundation’s mission,which can be found at www.elizabethwilsonfoundation.org.

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

Address of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of member completing application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of member completing application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information of member completing application

 Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the project for which the funds are requested:

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Describe what your organization has done to meet your goals for this project.

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Please provide a list of matching funds and in-kind contributions, if any. We strongly encourage organizations to seek matching funds.

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Grant Amount Requested $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total cost of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Documentation:**

1. Attach documentation to support the amount of the request such as estimates, contracts or breakdowns. (Please consult the website: www.elizabethwilsonfoundation.org for a list of items the foundation will NOT fund.)
2. Attach a statement BRIEFLY explaining how this project aligns with the mission of the Elizabeth Ruthruff Wilson Foundation. (The mission statement can be found online at www.elizabethwilsonfoundation.org .)

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Date Applicant's Signature

**Submit all completed applications with appropriate documentation by June 15th (for consideration in July) or December 15th (for consideration in January). Applications received at other times may be considered at a quarterly meeting, if funds are available. The foundation meets four times per year.**

**Mailing Address:**
Sheri Powers, President
Elizabeth Ruthruff Wilson Foundation
P.O. Box 254
Adrian, Michigan 49221

**A Note to Grant Seekers**

**While the Foundation would like to be in a financial position to assist all grant requests within its mission, resources are limited. At times, worthy grant applications must be declined simply because funds to support them are not available. Consequently, an applicant organization should never view a declination by the Foundation as a judgment on the merits of the proposal.**

**The Foundation’s Board of Directors reviews all grant applications received. The Board makes the bulk of its decisions in January and July of each year, so please time requests to arrive by either December 15 or June 15. While the Board reviews applications throughout the year, funding is generally more limited later in the year, so please plan ahead.**