

Kelly S. Brush Foundation Inc. Grant Application for Organizations



Mail completed application to:

Kelly S. Brush Foundation Inc.
Executive Director
7 Aspen Drive
South Burlington, VT 05403
www.kellybrushfoundation.org

Application Instructions and Requirements:

- Organizations applying for a grant must operate in the United States.
- Applicants must demonstrate financial need.
- Applicants must supply the Foundation with a description of how the grant will improve ski racing safety and a plan for achieving the desired outcome.
- Individuals seeking ski racing safety equipment do not qualify for this grant.
- Applicants must complete all questions on the application in order to be considered for a Kelly Brush Foundation Ski Racing Safety Grant. A complete application includes contact information, financial statements, and a detailed description of the ski racing safety items or trail modifications that the funds will be used for. Incomplete applications will not be considered.
- Application must be typed.
- Please include the name of your organization on all attachments.
- Please be sure to sign and date your application before mailing.

Kelly S. Brush Foundation Inc. Grant Application for Organizations

Date: _____

Contact Name: _____

Name of Organization (please print): _____

Organization Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone Number: (_____) _____

E-mail: _____

Website: _____

Organization information. Please attach the following documents as appropriate:

- Most recent financial statement (*audited if available*).
- A current organization operating budget with revenue and expenses.
- Current/Final 501(c)(3) IRS determination letter.
- List of Board of Trustees/ Directors, if possible, with their employment and/or community affiliations.

How did you hear about the Kelly Brush Foundation Ski Racing Safety Grant Program?

Would you be interested in hearing about upcoming Kelly Brush Foundation events?

Yes No

EIN # 20-4560423

Organization Name:

Kelly S. Brush Foundation Inc.
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-- If you require more space, please attach additional sheets. Include the name of your organization on all attachments. --

- 1) Please describe the proposed use of funds and how the funds granted would specifically enrich ski racing safety.**

EIN # 20-4560423

Organization Name:

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- 2) Please detail the plans for achieving desired outcomes, including a plan for assessing progress toward goals and a projected timeline for the use of funds.**

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Organization Name: _____

3) In order to be considered for a Kelly Brush Foundation Ski Racing Safety Grant, applicants must provide written estimates for the cost of the equipment or trail modifications. Please provide the names, addresses and phone numbers of at least two companies and/or contractors you have contacted and their written estimates of complete costs for the equipment requested.

Incomplete applications will not be considered.

(1)

Company: _____

Contact Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone: (_____) _____ Web Address (if any): _____

Estimated Cost (Written Estimate Attached): _____

(2)

Company: _____

Contact Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone: (_____) _____

Web Address (if any): _____

Estimated Cost (Written Estimate Attached): _____

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I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date signed below:

Signature of Applicant: _____

Printed Name of Applicant: _____

Printed Name of Organization: _____

Date: _____