



# THE MASONIC FOUNDATION OF THE DISTRICT OF COLUMBIA

## Funding Request Form

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All funding requests **must** complete the following request form. Entities requesting money should answer all the questions below, although this list **should not** be thought of as a list of evaluation criteria. The goal throughout is to foster understanding, particularly an understanding of what the requestor is doing, an assessment of the situation today, and how it will be improved as a result of funding.

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*Instructions: Please complete each section below*

**1) Requestor:**

Full Name:

On behalf of (organization name, if applicable):

**2) Email:**

**3) Work Phone:**

**Home Phone:**

**4) If the grant request is approved, the check should be made payable (and mailed) to:**

Name:

Mailing Address:

Street:

City:

State:

Zip:

**5) What is the *Title* of the Grant request?**

**For Office Use Only**

Date Received

Date Sent to Committee

Date sent to BOD

Response Sent

Committee Action

Approved

Disapproved

Tabled

Committee Amount Authorized: \$

Board of Directors Action

Approved

Disapproved

Tabled

Board Amount Authorized: \$

**6) Timing of Grant:**

- a. Please indicate if there is a request deadline:
- b. Please indicate if there is a request preferred date:
- c. If this an event, please list the date(s) of the event:

**7) Please provide the name of the charity or individual who will be benefitting from this request:**

**8) Is the Charity a 501(C)3?**

- YES
- No (*We are unable to fund non-501(c)3s*)

If yes, please attach a copy of the IRS Certification letter.

**9) Please describe a brief summary of the request:**

- a. What is the problem / issue / shortcoming that has led to this request? (i.e., the situation today)?
- b. What is your role in helping solve this problem?
- c. Who is doing the work?
- d. How will the situation be improved as a result of this grant (impact)?
- e. What are the significant program/project risks, and how are these being addressed?

**10) Please provide a brief explanation of the community or Masonic need that will be fulfilled by this request:**

**11) Funding Request:**

- a. What is the minimal amount needed?
- b. What other funding expected/ received from other individuals/ organizations?
- c. Please identify any additional Lodge or Chapter support that is being requested:
- d. Please identify any additional support requested from other Masonic or Appended bodies:

**12) What are the total number of program participants:**

**13) Is this the first charitable grant request from the Masonic Foundation?**

YES

No

If no, please list the cause and amount funded (if any):

**14) Please identify if there are opportunities for recognition of the Masonic Foundation as funder?**

**15) Please list additional Community / Personal support that you expect:**

**16) Funding Narrative:** *[In this narrative you will want to identify specific uses for these funds, as well as address how to assess progress being made.]*