

The Mabel & Ellsworth Simmons Charitable Foundation, Inc.

6727 Simmons Loop

Riverview, FL 33578

Grant Request Application

Please Print:

Applicants Name:	Date:
Address:	
Phone:	Contact Person:

Amount of Grant Requested: \$
Purpose of Requested Funds: (if more space is needed, attach statement to application)

Required Information To Be Attached to Application:

- 1. Copy of federal 501(c) 3 tax exempt status certificate. (not state sales tax exemption)
- 2. Narrative describing the entity, its purpose and date of establishment.
- 3. Existing or Proposed Budget.

Is the entity under investigation by federal or state regulators? Yes ___ No ___

The Entity must be current on all required federal & state tax returns.

Submitted By: _____
Please Print Name & Title _____ Signature _____

***The signatory affirms that all information on this application is correct to the best of his or her knowledge. Incomplete Applications will be denied or held until completed by applicant.**