



Zyne Family Foundation Grant Application

Thank you for your interest in the Zyne Family Foundation grant. We are committed to supporting organizations that make a meaningful impact in our community. Please review the application requirements below and submit all requested information by **September 1** of the calendar year.

Submission Information

Please send your completed application to the email address below.

- **Email:** zynefamilyfoundation@gmail.com

Application Requirements

When applying for this grant, please provide ALL of the following information.

1. **Date**
2. **Applicant Name**
3. **Contact Person**
4. **Applicant Mailing Address**
5. **Phone Number**
6. **Email**
7. **Copy of your IRS 501(c)(3) determination letter**
8. **Mission Statement of the Organization**
9. **History of the Organization**
10. **Annual Operating Budget**
11. **Balance sheet for the most recent fiscal year**
12. **Population Served**
13. **List of Board of Directors**
14. **Amount Requested**
15. **Is there a total budget for this project? If yes, what is the budget?**
16. **Purpose of this grant request**
17. **What other sources of revenue do you have or plan to attain?**
18. **Highlight your top 3 goals accomplished last year**