

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

**CERTIFICATE**

To: Grant Applicants

From: Carl M. Thomas  
Executive Director/Treasurer

**Thank you for your interest in the Gheens Foundation**

In submitting a grant application, the Applicant certifies as follows:

The Applicant was recognized by the Internal Revenue Service by determination letters dated \_\_\_\_\_ as a 501(c)(3) organization which is not a “private foundation” for Federal income tax purposes because it is described in the following category (check appropriate box):

- Section 509 (a)(1) and 170 (b)(A)(vi)
- Section 509 (a)(2)
- Section 509 (a)(1), other than Section 170(b)(A)(vi)
- Section 509 (a)(3)
- Section 509 (a)(4)

(Note: Some organizations which existed prior to 1969 may have received a notice subsequent to their original 501(c)(3) determination letter that deals with the organization’s status as not constituting a “private foundation”. If so, the categories set forth above should be determined based on the subsequent notice and both the original determination letter and the subsequent notice should be attached hereto.)

**THE GHEENS FOUNDATION, INC.**

401 W. Main Street, Suite #705

Louisville, KY 40202

Please send 7 copies of this page to the Foundation.  
Please limit your answers to this side of the sheet of paper.  
Please attach a copy of your latest 990.

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

Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Date: \_\_\_\_\_

**Program Summary**

1. Describe the activities of your organization.

2. Describe the particular activity that this grant would fund.

**Financial Summary**

1. Amount of this request:\* \_\_\_\_\_

2. Total Annual Budget (current fiscal year) for your organization: \_\_\_\_\_

3. Budget for the project which this grant would support: \_\_\_\_\_

4. Fiscal year begins: \_\_\_\_\_ and ends: \_\_\_\_\_

\*Please explain if the amount would be used in more than a 12 month period.

**THE GHEENS FOUNDATION, INC.**

401 W. Main Street, Suite #705

Louisville, KY 40202

Please send 7 copies of this page to the Foundation.  
Please limit your answers to this side of the sheet of paper.  
Please attach a copy of your latest 990.

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

Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

5. Is your organization an affiliate or a branch of a national, regional, or statewide organization?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes: Are you required to provide funding to that organization?

6. Please list all sources of income that represents 10% or more of your total budget and the amount.

7. List your current Board members and Officers.

## **THE GHEENS FOUNDATION STATEMENT OF POLICY**

FOLLOWING THE APPROVAL OF A GRANT BY THE GHEENS FOUNDATION, THE FOUNDATION AND THE GRANTEE SHALL SIGN A "CONDITION OF GRANT" AGREEMENT. THIS AGREEMENT PROVIDES THAT THE FUNDS SHALL BE USED ONLY FOR THE PURPOSES STATED IN THE APPROVED GRANT PROPOSAL. IT IS THE POLICY OF THE GHEENS FOUNDATION NOT TO PAY ANY INDIRECT OR OVERHEAD COSTS.