



Renaissance Family Foundation General Contribution Request Application

Name of organization: _____

Is this a not-for-profit organization? Yes No

Proof of not-for-profit status is required. Is the proper documentation attached? Yes No

A completed W-9 form is required. Is the proper documentation attached? Yes No

Provide your Federal Employer Identification Number: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Street address, if different from above: _____

Telephone: _____ Email: _____

Applicant name: _____ Applicant title: _____

Program title: _____

Approximately how many people do you anticipate will participate in this program? _____

Total cost of program: \$ _____ Amount requested: \$ _____

Are you seeking other sponsors or funding? Yes No If yes, please describe:

Is your organization providing any funding for this program? Yes No

If yes, indicate amount: \$ _____

Time period/date of program: _____ Date funds are needed: _____

Provide a brief description of the program for which funds are requested:

What is unique about your program and why should the RFF fund it?

Describe follow-up activities or evaluation processes that are a part of this program, and how you plan to track or measure the effectiveness of your program/organization:



Is this program for:

- | | | |
|---|------------------------------|-----------------------------|
| a. Underserved populations/groups? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Advancement of the science of dentistry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Promotion of the dental health of the public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Improving dental care with potential for reducing treatment costs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Community activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Providing oral health education? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Other? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REQUIRED ATTACHMENTS:

Budget Requirements/Requests: Outline the budget requirements for the program. Make sure to provide as much detail as possible by separating out the line items appropriately.

IRS documentation (IRS public charity classification, reason for non-private foundation status)

Completed W-9 Form

OPTIONAL ATTACHMENTS:

Additional information regarding your organization and the purpose of the proposed program

INITIATING A REQUEST:

To initiate a request for a contribution from the Renaissance Family Foundation, please complete the General Contribution Request application and send it with attachments to:

Renaissance Family Foundation
PO Box 293
Okemos, MI 48805-0293
Fax: (517) 381-4582
rff@renaissancefamily.com