

**The Jackson Family Donor Advised Fund Grant
Application (For Non-Profits)**



The Jackson Family Donor Advised Fund

Organization Name:

Contact Person & Title:

Phone: _____

Email: _____

Website: _____

Mailing Address: _____

1. Organization Overview (250 words or less):

- Mission statement

- Year established _____
- Description of programs/services

2. IRS Status:

- Are you a registered 501(c)(3)? ___Yes/___No
- EIN (Employer Identification Number): _____

3. Project or Program for Funding:

- Name of project/program

- Amount requested _____
- Total project/program budget _____
- Timeframe for implementation _____

4. Purpose & Impact (500 words max):

- Describe the need or problem you are addressing

- Target population and number served _____
- Expected outcomes and how they will be measured

5. Organizational Capacity:

- Key staff and qualifications

- Relevant past accomplishments

6. Funding Sources:

- List top three current funding sources and amounts

- Have you received funding from us before? ____ Yes/ ____ No
(If yes, when and how much?) _____

7. Reporting & Follow-up:

- How will you report on outcomes and use of funds?

Attachments (Required):

- IRS Determination Letter (501(c)(3) proof)
- Current annual budget
- Most recent financial statements (audited preferred)

Certification:

I certify that the information provided is accurate and that the funds will be used solely for charitable purposes as described above.

Signature: _____

Name: _____

Title: _____

Date: _____