

PLEASE READ OUR GRANT GUIDELINES PRIOR TO COMPLETING THIS APPLICATION.

This application must be **TYPED** and you cannot leave any blanks. Please be concise when answering the questions in this application.

Make sure your organization name, project name and page number are entered into the footer of the document.

Applications must be submitted at least two (2) months prior to your project start date. Late applications will not be considered.

Application Format

ORGANIZATION INFORMATION	
Name of the organization applying for funding	
Address	
Address Line 2	
City	
State	
Zip Code	
Phone Number (Example: 860-111-1111)	
Fax Number	
Email	
Website	
Does your organization have 501(c)3 status? If no, then you do not qualify to apply.	
The organization is involved at the following level: local OR state OR regional OR national	
Chronic Inherited Bleeding Disorder(s) served by the organization	
How did you hear about the Colburn-Keenan Foundation	
What is the mission of your organization?	

PERSON COMPLETING APPLICATION	
First Name	
Last Name	
Suffix	
Title of the person completing this application	

Address	
Address Line 2	
City	
State	
Zip Code	
Work Phone (Example: 860-111-1111)	
Phone Extension	
Cell Phone	
Email Address	

PAST RECIPIENT INFORMATION	
Have you received funding from the Marcy Shulman Memorial Organization Grant Program, run by CKF, in the past?	
If no, you can skip this section	
In bulleted format, list the year(s) received, amount of funding received per year and the project title each year.	
For example: <ul style="list-style-type: none"> • 2023; \$10,000; Women's Retreat • 2022; \$5,000; Dental Program 	

PROJECT INFORMATION	
Title of project for which funding is being requested	
What is the timeframe for your project? (i.e. weekend seminar, 1 week summer experience, once a month for a year)	
Expected start date	
Expected end date	
Amount of funding you are requesting from CKF (enter numbers only)	
Total expected cost of this project (enter numbers only)	
Will you be receiving, or have you applied for other funding for this project?	
If yes, how much & from whom? If no, why?	
Is this a new project for your organization?	
If no, then answer the following questions:	

a) How many years has this project run? b) What changes are you making to your project this year and why? Please answer in a bulleted format providing examples of what was done in the past vs. the expected changes.	
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PROJECT PROPOSAL DETAIL	While we welcome the inclusion of any existing printed materials, the following topics should be typed specifically in response to this application for funding and not presumed addressed by any included printed materials.
Describe the project	
Describe the activities necessary to achieve the project	
Who will benefit from the project?	
How many people do you expect the project to serve?	
If the project you are applying for HAS received funds from CKF in the past, how many people were served each year (i.e. if you have applied to us for your Men's Retreat for 3 years, please list each year and the number served:	
Why does your organization want to do this project?	
Who will manage the project?	
List the objectives of the project and specific targeted outcomes	
How will you measure the objectives and targeted outcomes stated above?	