

APPLICATION FOR GRANT

William H. Dunlap Fund

Name of Organization:		
Requested Amount:		\$
Specific Purpose for Request:		
Primary Purpose of Organization:		
Criteria	Date	Response
Does Organization Provide Comprehensive care in a Christian Environment?		
If Ministry provides a Home		
State Granting License		
Maximum Occupancy Approved		
Average Number in Home Last Year		
Number in Home at time of Application		
Maximum Capacity		
Provide the following with Application		
History & Purpose of Organization		
Mission/Vision/Purpose Statement		
Doctrinal Statement		
Affirmation of Dunlap Statement of Biblical Christian Belief		
Articles of Incorporation*		
Bylaws*		
Form 990**		
List of Staff Members		
List of Board Members		
501C(3) Determination Letter*		
Audited Financial Statements**		
Net Change in Fund Balance in most recent fiscal year		\$
Net Change in Current Assets in most recent fiscal year		\$
Identification of Government Support		
Identification of ARP Involvement in Ministry		
Typical Daily Schedule for Children		
If Application is for Special Project Provide:		
Source(s) of Funding for Project		
Application of Resources for Project		
Name of Person Preparing Application:		
Name of Contact Person if Different::		
Telephone Number of Contact Person:		
E-Mail of Contact Person:		
Web-Site of Ministry or Sponsoring Organization:		
* Submit one (1) copy. Not required if previously submitted.		
** Submit one (1) copy.		