



# 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