



The RAY CHARLES
FOUNDATION

2107 W. Washington Boulevard · Los Angeles, CA 90018

GRANT APPLICATION CHECK LIST

The Ray Charles Foundation **Grant Application Package** consists of the following components, which should be submitted in the order listed below. This check list is provided to help ensure a complete proposal.

- Review of The Ray Charles Foundation's Grant Qualifications webpage to ensure that your organization meets the Foundation's funding priorities.

GRANT APPLICATION PACKAGE

- Section I: Cover Letter** (one page)
- Section II: Online Grant Application Form**
Use the 1-page online template provided.
- Section III: Letter of Inquiry**
Letter of Inquiry Questions
 - a)** a brief description of the organization
 - b)** a brief history of the organization
 - c)** the population it serves
 - d)** the programs it provides
 - e)** a brief description of the project for which funding is requested
 - f)** the total cost of the project for which funding is sought
 - g)** the amount raised to date
 - h)** the amount requested from **The Ray Charles Foundation**.
- Section IV: Attachments**
 - Proof of IRS federal tax-exempt status
 - Copy of current year IRS form 990
 - Annual report, if available

Thank you for your time and effort in completing this application.

Incomplete applications will not be considered.

Please print out this check list and check off each completed item. Mail the signed check list and completed **Grant Application Package** to: GRANT DEPARTMENT

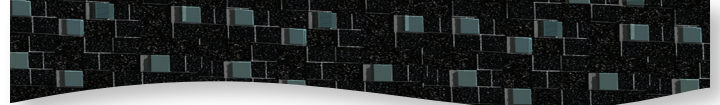
The Ray Charles Foundation
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- I have reviewed and complied with the above "Grant Check List" and I understand that if any of the required documents are missing, my application will be immediately rejected without review.**

X _____ Date _____



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GRANT APPLICATION

Legal Name of Organization			Date	
Mailing Address	City		State	Zip
Phone	Fax			
Web Site				
Name of CEO or Executive Director				
Phone	Email			
Application Contact and Title (if not the CEO or Executive Director)				
Phone	Email			

ORGANIZATION INFORMATION

Primary Service Category of your organization Education Hearing Disorders Arts & Culture

Mission Statement:

Geographic Area Served (specific to this proposal):

Tax Exemption Status: Year Founded

501(c)(3)

Tax I.D. #

Other than 501(c)(3), describe:

Number of Employees: Full-time Part-time

GRANT REQUEST INFORMATION

Type of Grant Requested (select one): Amount of Request: \$

General Operating Support

Program Support

Other

For requests other than general operating support, describe what the grant will be used for:

FINANCIAL INFORMATION

Organization's Current Fiscal Year Operating Budget: \$

AND, if other than general operating request . . . Program Budget: \$ Dates: from to

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

X

CEO/Executive Director

Date