



We appreciate your interest in the Leonard J Mikulay Foundation as a source of support for your work. The application consists of three parts: (1) Funding Application, (2) Narrative, and (3) Attachments. Please email your application to the Leonard J. Mikulay Foundation, LJMFoundation@live.com, or PO Box 1747, Burnsville, MN 55337

### Funding Application

Date of Application:		
Full Legal Organization Name:		
Address:		
City:	State:	Zip Code:
Website:		
President/Executive Director:	Title:	Phone: Email:
Contact Person (if Different)		
Title:	Phone: Email:	

### Organizational Information

501(c)(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No	EIN# (Required)	Year Established:
Total Organization Budget:	Fiscal Year: Month:	Day:
Total # Board Members:	# Staff:	# Volunteers:
Organizational Mission Statement: (50 Words or Less)		
Brief Description of Organization: (75 Words or Less)		
Population Served: (25 Words or Less)		

## Specific Request for Funding

Select Funding Purpose:	<input type="checkbox"/> Veterans	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Disadvantaged
Program/Project Name:			
Total Program Budget: \$	Requested Amount: \$	%:	

**Narrative: Please provide additional information about your request for financial support including the following:**

<ol style="list-style-type: none"><li>1. Description of Program/Project</li><li>2. Goals and Objectives</li><li>3. Description of Need</li><li>4. Specifics:<ul style="list-style-type: none"><li>● How will funds be used?</li><li>● Research that supports your idea?</li><li>● How does your strategy differ from others in the field?</li><li>● Timeline for project</li></ul></li><li>5. How will you define and evaluate the success of your work?</li><li>6. Follow-up – how will you keep the <i>Leonard J. Mikulay Foundation</i> informed about the use of funds and the outcome of this project/program?</li></ol>
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**Attachments: Please include the following documents with your application:**

<ul style="list-style-type: none"><li><input type="checkbox"/> Proof of tax-exempt status. Please provide the organization's IRS determination letter regarding tax-exempt status as defined under Section 501(c)(3) of the Internal Revenue Code</li><li><input type="checkbox"/> Board List. List of Current board members with names and affiliations</li><li><input type="checkbox"/> Organization Budget. Current fiscal year budget with year-to-date actual income and expense information</li><li><input type="checkbox"/> Project Budget. Project budget covering proposed activities</li><li><input type="checkbox"/> 990 Form. Most recent IRS Form, 990</li><li><input type="checkbox"/> Other Sources of Funding. List of other sources of funding for this project/program, indicating whether approved, pending or declined</li></ul>
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I hereby verify that the information provided is accurate and honest to the best of my knowledge.

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Authorized signature: Board President or Executive Director

\_\_\_\_\_  
Date