

KEENELAND FOUNDATION GRANT APPLICATION

Date: _____ Amount Requested: \$ _____ Total Project Cost: \$ _____

Name of Organization: _____
 Address: _____ City : _____ State: _____ Zip: _____

Date and Place of Incorporation: _____
 Tax Exempt Classification and Number (please attach determination letter): _____

Contact Person: _____
 Title: _____ Email: _____
 Phone: _____ Fax: _____

Purpose of Organization: _____

Number of People Directly Helped by the Organization over the Last Year: _____

Which category does your request fall under? ☐ Arts & Culture ☐ Community ☐ Diversity, Equity & Inclusion ☐ Education ☐ Health & Human Services ☐ Thoroughbred Industry

Purpose of Request: _____

What Percentage of the Grant will be used in Central Kentucky? _____ %

Top Five Major Funding Sources and Amount for the Organization

- Please note if the monies are anticipated or have been received and if the money is being used towards the project. -

	Organization	Anticipated	Received	Used for Project?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
1)	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2)	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3)	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4)	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5)	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	TOTAL	\$ <input type="text"/>	\$ <input type="text"/>		

If sufficient funds are not raised for the project, what are the Organization's plans to complete the project?

Does the organization participate in political races? ☐ Yes ☐ No

Does the organization attempt to influence legislation? ☐ Yes ☐ No

Will the organization permit Keeneland to inspect records in connection with the project? ☐ Yes ☐ No