

The Alan K. & Isabelle DerKazarian Foundation Grant Request Form

The Alan K. & Isabelle DerKazarian Foundation

EIN: 02-0762484

Belmont, Massachusetts, United States



For more information regarding our tax exempt status, visit: <https://apps.irs.gov/app/eos/> and search the information above

Visit us at: <https://www.derkazarianfoundation.org/> for more information about our work.

Instructions

Thank you for your interest in funding from the **Alan K. & Isabelle DerKazarian Foundation**. The Foundation provides grants to **eligible 501(c)(3) nonprofit organizations** whose work aligns with our charitable mission and funding priorities.

Eligibility

Please ensure that your organization meets the eligibility requirements outlined in this application before submitting a request. Applicants should be prepared to provide information about their organization, funding request, and proposed use of grant funds.

Completing the Application

Please complete all required sections and provide clear and concise responses. If a question does not apply, you may indicate “**N/A.**” Questions marked as required must be answered; entering “N/A” for a required question may result in denial.

Organizations seeking funding for more than one distinct project or program must submit a **separate application for each request**. All required supporting documentation must be included for an application to be considered complete.

Once you have completed the application, please email to grantrequests@derkazarianfoundation.org, along with all of the other required materials

Review Process

Once your completed application and supporting materials have been received, please allow approximately **2–3 weeks** for an initial response. Submission of an application does not guarantee funding. The Foundation may request additional information or clarification during the review process.

Confirmation & Questions

You should receive confirmation that your application has been received. If you do not receive confirmation, please contact the Foundation to verify your submission.

Questions regarding the application process may be directed to:

jacobhaerer@derkazarianfoundation.org

Note: Responses marked with a * are required.

Section I: Organization Information

*1a. Organization Name

*1b. Organization Address

Address

City

State and Zip

*1c. Organization Website

*1d. Primary Contact Name and Title

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First

Last

Title

*1e. Contact Information

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Email

Phone

*1f. Organization EIN

*1g. Is your organization recognized by the IRS as a 501(c)(3) tax-exempt organization?

☐ Yes

☐ No

Note: Responses marked with a * are required.

***1h. Organization Mission:**

Please provide a brief description of your organization's mission and primary activities.

***1i. Primary Area(s) of Service (you may select up to two responses if needed):**

- ☐ Education
- ☐ Healthcare
- ☐ Food Insecurity
- ☐ Arts & Culture
- ☐ Armenian Community/Culture
- ☐ Community Development

- ☐ Other:

***1j. Geographic Area(s) Served (Provide up to 3):**

1.

2.

3.

CONTINUE TO NEXT PAGE FOR SECTION II

Note: Responses marked with a * are required.

Section II. Grant Request Information

*2a. Project/ Program Name

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*2b. Total Amount Requested

\$	.
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*2c. Total Budget of the Project:

\$	.
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*2d. Proposed Program Start and End Date:

____/____/____	____/____/____
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Start Date

End Date

*2e. Please provide a brief summary of the project, program, or initiative for which you are requesting funding. Describe what you plan to accomplish and how the requested funds will be used.

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*2f. Please describe the need this project or program is intended to address and why this work is important to the population or community you serve.

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Note: Responses marked with a * are required.

*2g. Please describe the individuals or communities who will directly benefit from this funding, including the approximate number of people you expect to serve.

*2h. Please **LIST** specifically how funding from the Alan K. & Isabelle DerKazarian Foundation would be used.

CONTINUE TO NEXT PAGE FOR SECTION III

Note: Responses marked with a * are required.

Section III: Project Need & Impact

*3a. What need does this project or program address (if you are unsure about how to answer this question, refer to one of the selections you made for question 1i and expand upon it)

3b. What are you hoping to accomplish with this funding? Think about listing specific goals and targets here.

3c. If you can, provide an approximate number of individuals that may benefit from this program. If multiple groups will benefit, feel free to break down those numbers as well, separating each entry with a comma.

CONTINUE TO NEXT PAGE FOR SECTION IV

Note: Responses marked with a * are required.

Section IV: Financial Information

*4a. As part of our analysis, we require an **organizational budget** for the current year. **PLEASE ATTACH THIS TO YOUR GRANT APPLICATION EMAIL ALONG WITH THIS FORM.** If this form is not provided, it will result in a negative determination.

Please confirm you understand this requirement by selecting "I Acknowledge and Understand"

☐ **I Acknowledge and Understand**

*4b. Total Project and Program Budget: Please provide an itemized project or program budget by typing in the box below.

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*4c. Confirm the amount you are requesting from the foundation.

\$	.
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*4d. Are there any other sources of funding for this project?

- ☐ Yes
☐ No

*4e. If you responded yes to the question above, please list the names of the organizations here and the amount they are contributing (list up to the 4 largest sponsors).

1.	\$	.
2.	\$	.
3.	\$	.
4.	\$	.

Organization Name

Amount

Note: Responses marked with a * are required.

Section V: Required Documentation

*5a. In order to make a determination, you must submit the following documentation for the following purpose

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1. **IRS 501(c)(3) Determination Letter:** verifies tax-exempt status.
2. **Current W-9:** verifies the organization's legal name, address, and EIN.
3. **Project or Program Budget:** a simple budget showing anticipated expenses and how grant funds would be used.
4. **Organization Operating Budget:** most recent annual budget, verifies organization size and finances.
5. **Most Recent Form 990 (if you are required to file one):** for financial and organizational due diligence.

These forms are required, unless marked otherwise, and **failure to provide them along with your application will result in a denial** of your grant request. If a form is missing, we will make a reasonable effort to provide notice, however, if the required documentation is not submitted 5 business days thereafter, the grant application will be denied.

*Please read this section carefully and acknowledge that you understand the terms stated above by checking the box below:

☐ **I Acknowledge and Understand**

CONTINUE TO NEXT PAGE FOR SECTION VI

Note: Responses marked with a * are required.

Disclaimer

Submission of a grant application does not guarantee funding or create any obligation on the part of the **Alan K. & Isabelle DerKazarian Foundation** to provide financial support. All funding decisions are made at the discretion of the Foundation and are subject to the availability of funds and applicable legal and charitable requirements.

The Foundation reserves the right to request additional information or documentation, verify information provided in an application, and decline an application that is incomplete, inaccurate, or does not meet the Foundation's eligibility requirements.

Information submitted through this application will be used for the purpose of reviewing and administering grant requests and will be handled in accordance with the Foundation's applicable policies and legal obligations.

*Please acknowledge that you understand what has been outlined above by checking the box labeled "I Acknowledge and Understand"

☐ **I Acknowledge and Understand**

CONTINUE TO NEXT PAGE FOR CERTIFICATION AND AUTHORIZATION

Note: Responses marked with a * are required.

Certification & Authorization

By signing below, I certify that the information provided in this application and all accompanying materials is true and accurate to the best of my knowledge. I confirm that I am authorized to submit this grant request on behalf of the organization.

I understand that submission of this application does not guarantee funding and that the Alan K. & Isabelle DerKazarian Foundation may request additional information or documentation as part of its review.

*Authorized Representative Name

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First

Last

*Title

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*Signature

	<u> </u> / <u> </u> / <u> </u>
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Signature

Date

**THE GRANT APPLICATION ENDS HERE, ALL OTHER FILL INS BEYOND THIS POINT
ARE FOR FOUNDATION USE ONLY**

Note: Responses marked with a * are required.

FOR FOUNDATION USE ONLY

General Information

Date Received	Application ID

\$	.
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Amount Requested

Review Status

☐ Pending Review ☐ Additional Information Requested ☐ Approved ☐ Denied

Amount Approved

\$	.
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Date of Decision

___/___/___

Reviewed By

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Notes

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Note: Responses marked with a * are required.