## **Osage Foundation Charitable Grant Application**



Name of Applying organization or individual									
Application Date:				Org Website:					
How are you or your organization affiliated with or otherwise connected to the Osage Nation?  Are you currently	(If a mem	nber of the Osage	Nation, please	e provide a copy	of your Osa	age men	nbership card t	o be eligible)	
funded by the Osage Nation? If so, how? EIN # or SS#									
Address:									
City:				State:			Zip code:		
Telephone #:				Fax #:					
Executive Director: (or Top Executive)				Phone #: Email Address	:				
Main Contact for this Proposal (if different from above):				Phone #: Email Address	:				
Applicant's tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc	(Attac	th a copy of the IRS Lo a name change provi							
If not a 501(c)(3) Nonprofit, then ho is business structur best described?	ow .								
Applying organizat	ion's missi	on statement (if	applicable):						

Agreement  I certify to the best of my know organization, then the proceed or engaged in unlawful activities  Applicant Signature  ease return via email to:	Bwebb@osagefo	undation.org	Date Southlake, TX 7	ndividual supporting
I certify to the best of my know organization, then the proceed or engaged in unlawful activiti		tributed or used to benefit any o		
I certify to the best of my know organization, then the proceed		tributed or used to benefit any o	organization or ii	
I certify to the best of my know organization, then the proceed		tributed or used to benefit any c	organization or ii	
I certify to the best of my know	1 f + l +			
	vledge, that all information in	ocluded in this proposal is correct		varded to this
Does this project fit the Osage	Nation Foundation mission s	tatement	Yes	No
Have you applied for funding from others for this project? If yes, who?				
Geographic Area(s) Served: (include specific counties)				
period: (not required if general operating request)		Organizational Budget:		
(be specific)  Total Project Budget for this	/ / through / /	Amount Requested:  Current Annual	\$	
Funding Period Requested:	// through //		l e	
	nus et less summanze the pu	rpose of this request (attached	additional page i	f needed)
Proposal Summary - In 100 wo	ords or less summarize the nu			