



THE MUSHROOM FESTIVAL

2017 GRANT APPLICATION GUIDELINES

Grant Applications are due by Friday, February 17, 2017, 5 p.m.

The Mushroom Festival Grant Application Packet should be submitted:

By Mail:

**The Mushroom Festival, Inc.
P.O. Box 1000
Kennett Square, PA 19348**

Dropped off:

**The Mushroom Cap/The Growing Tree
114 West State Street
Kennett Square, PA 19348**

All Grant Application Packets should include one copy of:

- Mushroom Festival Grant Application
- Board of Directors list for your organization.
- A list of funders you will solicit for this program or item.
- Your 2017 Organizational Budget or 2016 Profit/Loss Statement
- Attach the most recently completed Form 990, 990-Z or explain why one was not filed.

First time applications should also submit:

- Most recent 501(c)(3) ruling for your organization.
- A brief description of your organization and its purpose.

1. Please be specific when describing your need. **Priority is given to requests for tangible items, not salaries or scholarships.** Funds requested for a general budget will not be considered.
2. **Funds must be used during the 2017 year.** Awards may not be placed in a capital reserve or special fund for future use.
3. Do not send additional information.
4. Grants will be announced by **March 18, 2017**
5. Organizations can only submit one application.
6. All grant recipients are required to:
 - ▲ Send a representative to the Award presentation event (TBD).
 - ▲ Participate in the Mushroom Festival Parade (Friday evening, Sept. 8, 2017)
 - ▲ Return the required documentation form and receipts by December 31, 2017.
7. Organizations that do not meet the above requirements will not be eligible for grants in 2018.
8. Organizations receiving a Mushroom Festival Grant will be given the opportunity to have a booth (one of the days) on the street during the Mushroom Festival.

If you have any questions you are encouraged to contact Kathi Lafferty, Festival Coordinator, by e-mail at klaff19757@aol.com or by telephone at 610-925-3373.



Date _____

THE MUSHROOM FESTIVAL

2017 GRANT APPLICATION

Organization Name _____

Executive Director _____

Mailing Address _____

City/State/Zip _____

Office Phone _____ Fax _____ E-mail _____

Date organization was founded _____ Annual organization budget \$ _____

Specific program or item which grant will be used for:

Amount requested \$ _____ Total Program Budget or Cost for Item requested _____

Contact Information

Please provide names and email addresses and phone numbers for those individuals within your organization who will work directly with the Mushroom Festival in fulfilling the grant's requirements. This person(s) will receive regular updates and requests for information about the Awards Ceremony, Community Parade, Booths, and reminders of submitting the grant documentation.

Contact #1: _____ (email) _____ (phone) _____

Contact #2: _____ (email) _____ (phone) _____

Below, on back, or separate sheet of paper, describe the specific reason, item or purpose you wish us to fund with this grant, including specific program goals and how a grant would meet them.

