

**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?	
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
<b>TOTAL</b>	\$ <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