



Matt Buth Foundation Mental Health Grant Agreement

Date of grant:

The Matt Buth Mental Health Grant is for the explicit purposes described in Grantee's request and subject to Grantee's acceptance of the terms described herein.

WHEREAS, Grantor is a nonprofit corporation organized and operated for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code ("Code") and desires to provide a grant to Grantee to conduct educational activities;

WHEREAS, the parties hereto recognize that every effort shall be made to safeguard the integrity of Grantor's tax status under section 501(c)(3) of the Code;

NOW, THEREFORE, in consideration of the mutual covenants and promises of the parties, the parties agree as follows: Grant Purpose: This grant is for the exclusive purpose of supporting Grantee's charitable, scientific, or educational activities.

Amount: The total amount of the grant is \$ _____.

Funds will be disbursed to Grantee upon receipt of the signed Terms of Grant.

Expenditure of Grant Funds: The funds provided may be spent only in accordance with the provisions of Grantee's funding request and budget as approved.

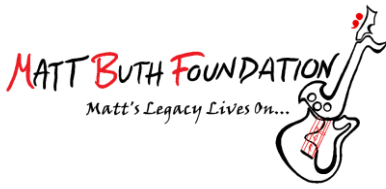
Grantee shall not engage in any activity on behalf of Grantor.

Grantee shall keep records satisfactory to Grantor related to performance of this Agreement.

If this Agreement sets forth Grantee's understanding of the terms of this grant, please indicated agreement to such terms by having the enclosed copy of this letter countersigned by an appropriate officer of the organization and returned to Grantor.

For Grantee: _____ (Signature of Authorized Representative)
_____ (Name and Title) _____ (Date)

For Grantor: _____ (Signature of Authorized Representative)
_____ (Name and Title) _____ (Date)



Matt Buth Foundation Mental Health Grant

DUE DATE	DATE SUBMITTED	GRANT NAME
		Matt Buth Foundation 2024-25 Mental Health Grant

Section One: Contact information

NAME:	
EMAIL ADDRESS:	
WEBSITE:	
PHONE NUMBER:	
MAILING ADDRESS:	

Section Two: Organization information

I. MISSION STATEMENT

Instructions: Please provide your organization's mission statement.

II. HISTORY

Instructions: Please provide a brief history of your organization in either paragraph/summary form, or in a bulleted timeline.

III. PROGRAMMING

Instructions: Please provide a summary or list of your current programs and activities.

IV. ANNUAL REPORT

Instructions: Please send a copy of your annual report, if available, with this application. Attach a PDF labeled YOUR ORGANIZATION ANNUAL REPORT to the same email you send this application, or, print and mail a copy of the report with a printed copy of this application.

Annual Report attached:

YES NO

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Section Three: Proposal details

I. STATEMENT OF NEED

Instructions: Please provide describe the problem or need which you seek to finance with this grant.

Section Four: Evaluation information

I. EVALUATION

Instructions: Provide photos and testimonial materials showing how the funding was successfully used within 12 months of funding. The MBF will use these on future grant advertising, and in social media.

REQUESTED FUNDING DATE	EVALUATION MATERIALS WILL BE SUBMITTED BY:

Section Five: Confirmation of submitted materials

I understand that I am applying for the Matt Buth Foundation Mental Health Grant, and I hereby affirm that all of the information provided is true and accurate to the best of my knowledge.

Signature (physical or electronic): _____

Date: _____

Section Six: Submission

Save this application as a PDF and attach it, your annual statement, and any supporting documentation to an email, and send it to mattbuthfoundation@gmail.com.

Or, you can print this application, and mail it, your annual statement, and any supporting documentation to:

Matt Buth Foundation Inc
PO Box 624
DeLand FL 32721-0624

Mailed applications must be postmarked by the application deadline.