



## **GRANT GUIDELINES AND APPLICATION PROCESS**

The mission of the McMillen Family Foundation is to provide assistance to eligible groups in Southern California which are dedicated to helping men and women who have been impacted, directly or indirectly, by alcohol and/or drugs. We will give priority in funding to those non-profits that share our values and have produced tangible and measurable results.

The McMillen Family Foundation will entertain grant requests from 501(c)(3) organizations that are not private foundations as defined in section 509(a) of the U.S. Internal Revenue code.

There are no deadlines for the submission of applications. We will consider only requests submitted on the McMillen Family Foundation's application form. The application should be signed by either your organization's executive director or board president. We will not respond to telephone or email solicitations.

Please submit the completed McMillen Family Foundation application form to:

Merle Countryman  
McMillen Family Foundation  
P.O. Box 3260  
Palos Verdes Peninsula, CA 90274

Please remember to include proof of tax status and a copy of your mission statement. Each application will be carefully considered. We will respond to your application as soon as possible.



## MCMILLEN FAMILY FOUNDATION APPLICATION FORM

1. Organization Name \_\_\_\_\_

2. Are you qualified as 501(c)(3)? \_\_\_\_\_  
(Please attach proof of tax status)

3. The McMillen Family Foundation is dedicated to supporting organizations which provide assistance to men and women directly or in directly impacted by drugs and alcohol. Does your organization qualify? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please attach a copy of your mission statement)

The McMillen Family Foundation supports organizations located **only** in Southern California

4. Address: Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_  
State & ZIP \_\_\_\_\_

5. Years in operation? \_\_\_\_\_

6. Your organization's 2011 Operating Budget? \_\_\_\_\_

7. Amount requested? \_\_\_\_\_

8. Please summarize your grant request in three sentences. \_\_\_\_\_

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9. Executive Director or Board President Signature \_\_\_\_\_