



## The Butch Oustalet Foundation

368 Courthouse Road – “E”

Gulfport MS 39507

[www.butchoustalet.org](http://www.butchoustalet.org)

### I. GRANT APPLICATION GUIDELINES

#### WHO MAY APPLY?

Applicants should be individuals or groups who need financial assistance in carrying out specific projects or needs which align with the Butch Oustalet Foundation’s mission to support confirmed community needs, and which are within the guidelines of the Foundation’s Charter and annual mission.

#### HOW TO APPLY.

1. Complete and submit two (2) copies each of the attached Grant Application form and Grant Proposal format (typewritten and not more than 5 pages).
2. Submit one (1) copy of the requested attachments.

### II. GRANT PROPOSAL FORMAT

TYPE the following information on your letterhead, not exceeding a total of five pages as detailed below:

1. Grant Summary (½ page) in a paragraph, please summarize the purpose of your organization, why you are requesting this grant, how the requested funds would be used and what outcomes you hope to achieve which will be compatible with the goals of the Butch Oustalet Foundation.
2. Grant Proposal
  - A. Organization (1 page)
    - Mission of your organization.
  - B. Funding Request (1 page)
    - Describe the project or support for which you are seeking funds
  - C. Funding Use
    - Describe how you will use the funds you are seeking



**The Butch Oustalet Foundation  
GRANT APPLICATION FORM**

Date: \_\_\_\_\_

**APPLICANT INFORMATION**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

**PROJECT INFORMATION**

\_\_\_\_\_  
Project Title - Description

\$ \_\_\_\_\_  
Grant Amount Requested

\$ \_\_\_\_\_  
Total Project Cost

\_\_\_\_\_  
Project Start Date

\_\_\_\_\_  
Project End Date

New Project?  Yes  No    Part of an Ongoing Project?  Yes  No

Provide here a short summary detailed the need or project you are requesting a grant for


Have you ever applied to the Butch Oustalet Foundation before?

Yes     No

If yes, when? \_\_\_\_\_

Was your request funded?

Yes     No

Have you applied elsewhere for this project?

Yes     No

Status of other request?

- Pending
- Awarded

If awarded, how much?

\$ \_\_\_\_\_



**ATTACHMENTS**

Please attach each of the following **to the original application only** (does not apply to individuals).

- 1. Organizations or applicant’s operating budget and financial statement for most recent two (2) years.
- 2. List of officers and other Board members and their affiliations.
- 3. Names, including titles and phone numbers, of three qualified individuals familiar with applicants’ or organization’s work.

**SIGNATURES**

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Chief Executive Officer or Superintendent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Project Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature

**Butch Oustalet Foundation (BOF) Input Only**

Yes    No

       Does request support a community need in the foundations Gulf Coast Focus

       Does request align with the foundations current yearly mission and values

  

  

**APPROVED**

**DISAPPROVED**

If disapproved, explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures**

\_\_\_\_\_  
Chairman (Butch Oustalet)

\_\_\_\_\_  
Board Member 1

\_\_\_\_\_  
Board Member 2

\_\_\_\_\_  
Board Member 3

Requires 3 of 4 executive board member signatures for approval