



FAMILY FORMATION
CHARITABLE TRUST
Helping Build Families Through Adoption and Assisted Reproductive Technology

Family Formation Grant Application
For use by other 501(c)3 Organizations

Family Formation Charitable Trust is a national 501(c)3 financial grant program that helps couples/individuals with the cost of their family building efforts - adoption or assisted reproductive technology efforts – by providing grants in the amount of \$500 to \$2000 directly to a family or to other 501(c)3 qualified organizations. The Family Formation Charitable Trust supports domestic, international and foster care adoptions, and all assisted reproductive technology efforts.

1. Date _____
2. Applicant Name _____
3. Name of Contact Person _____
 - a. Email Address _____
 - b. Cell Phone _____
4. Address: _____
5. Does your organization have 501-c(3) tax status? _____.
If yes, please provide a copy with this application.
6. What types of family building do you support?
 - a. Adoption
 - i. Domestic
 - ii. International
 - iii. Foster Care
 - b. Assisted Reproductive Technology
 - i. Gestational Surrogacy
 - ii. Gamete Donor
 - iii. Traditional Surrogacy
 - iv. Other (please explain) _____
7. How many employees are in your company? _____
8. What are the criteria you use when selecting grant recipients (if applicable)?

9. Are the funds provided by your organization given as a loan or a grant (if applicable)?

 - a. If a loan, what are the re-payment terms? _____

- b. If a loan, is interest collected? _____
10. Does your organization have a non-discrimination policy? _____ If you have a non-discrimination policy, please attach a copy to this application.
11. What is the total amount of funding granted by your organization to date (if applicable)?

12. What is the total amount of funding granted by your organization in the preceding calendar year (if applicable)? _____
13. Please specify the amount you are requesting from \$500 to \$2000. \$ _____
14. For what purpose will the money be used? (attach additional pages if necessary)

15. How did you hear about the Family Formation Charitable Trust? _____

16. ORGANIZATIONAL STATEMENT: Please provide your Mission Statement
17. Have you previously submitted an application to FFCT? _____
a. If yes, when? _____
b. If yes, was your application granted? _____

Each Applicant signing below personally attests that they have truthfully and completely answered all of the questions contained in this Application and each Applicant understands that a failure to provide the requested information could result in denial of the Application or, if a grant is made based on false or incomplete information provided by Applicant, could result in legal action against Applicant including but not limited to an action seeking return of grant funding.

Signature _____
Name Printed: _____
Position at Applicant Organization: _____
Date _____

****Remember, that in addition to the fully completed application, you must also submit the following:**

1. For non-profit organizations, the most recent letter from an accountant referencing an independent audit has been completed and that the organization's financial statements are in accordance with generally accepted accounting principles.
2. Copy of 501-c(3) tax-status

Please forward the completed application and all necessary attachments, along with the application fee payable to "FFCT" in the amount of \$25, to our Executive Administrator, Jennie Sullivan, 859 Riverside Drive, Unit #11, Greenwood, IN 46142.