

The Saigh Foundation continues the legacy of Fred Saigh, a St. Louis lawyer, businessman, real estate investor and owner of the St. Louis Cardinals baseball team.  The foundation works to enhance the quality of life for children and youth in the St. Louis metropolitan community by supporting educational and health-related charitable institutions and organizations. The foundation is particularly interested in stimulating the development of new ventures, as well as supporting organizations that feature innovative approaches and/or programs. Like Mr. Saigh, the foundation is especially dedicated to aiding those who might not otherwise receive assistance.

**Submit your proposal by mail (preferred) or fax to:**

Elke Buckland, Executive Director or Julie Hantman, Assistant Director

The Saigh Foundation

231 S. Bemiston Avenue, Suite 735

St. Louis, MO 63105

314-862-3055 (phone)

314-862-9288 (fax)

**Instructions:**

1. There are multiple parts to this application. Please use the following as a checklist to ensure all documents have been completed:
* **Common Grant Application Cover Sheet (use the template provided in this document)**
* **A one-page Summary Of Program & Organization (use the template provided in this document)** **and** **include the following information**:
* Amount requested
* Mission, and general description of organization
* Proposal description, including the following information
	+ Community needs program is seeking to address
	+ Components of the program
	+ Specific program outcomes
	+ Populations and number served
	+ Significant partnerships with other organizations
* Brief summary of program and/or organizational budget (this summary is in addition to completed budget templates attached to this application)
	+ Total expenses
	+ Total revenues
	+ Amount committed
	+ Amount pending
* Description of other organizational support you are current receiving (including long term funding plan)
* **One-page Narrative Summary Of Additional Information (use the template provided in this document) and** **include the following information**:
* Other information pertinent to program
* Program evaluation
* **Program Budget Template (use the template provided on The Saigh Foundation website)**
(download from http://thesaighfoundation.org/grant\_guide.html)
* **Organizational Budget Template (use the template provided on The Saigh Foundation website)**(download from http://thesaighfoundation.org/grant\_guide.html)
* **List of current board of directors,** including the name of their employer
* **IRS Letter of Determination** NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination
1. The Saigh Foundation accepts grant requests on a quarterly basis. Organizations will hear if grant requests have been approved, declined or deferred for clarification approximately three months after submission.
Grant requests must be submitted by the following dates to be considered for each grant cycle.

Submit by January 15: for notification by the end of April
Submit by April 15: for notification by the end of July
Submit by July 15: for notification by the end of October
Submit by October 15: for notification by the end of January

NOTE: If any of these dates falls on a weekend or holiday, grant requests should be submitted on the first business day AFTER the date listed.  For example, if July 15th is on a Saturday, grant requests would be due on the next business date which would be Monday, July 17th.

1. No hand-written proposals.
2. Please answer all the questions.
3. Please do not include any materials other than those specifically requested.
4. Please contact The Saigh Foundation with any questions or concerns.

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| **Common Grant Application****Cover Sheet** |
| Grantmaker to whom this application is submitted: |  |
| Application Date Submitted:  |  | Org Website:  |  |
| Applicants Legal Name: (as shown on IRS Letter of Determination) |  |
| Doing Business As: (if different from legal name) |  |
| EIN #: |  |
| Address: |  |
| City:  |  | State:  |  | Zip code:  |  |
| Telephone #: |  | Fax #:  |  |
| Executive Director:(or Top Executive) | Dr/Mr/Mrs/Ms (please circle one)Name:Title: | Phone #: |  |
| Email Address: |  |
| Additional Contact(s) for this Proposal: | Dr/Mr/Mrs/Ms (please circle one)Name:Title: | Phone #:  |  |
| Email Address: |  |
| Board President: |  | Phone #: |  |
| Email Address: |  |

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| Applicant’s tax-exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc) |  |
| If not a 501(c)(3) Nonprofit, then who is fiscal agent? | (IF THIS SECTION IS COMPLETED, PLEASE NOTE: a copy of the written agreement from fiscal agent plus fiscal agent’s contact information and EIN must be attached to this short form and submitted to The Saigh Foundation)  |

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| Organization’s mission statement: |
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| Type of request (check one):  |
| [ ] Program/Project |
| [ ] General Operating Support |
| [ ] Other (explain) |
|  |
| [ ] New Project | [ ] Existing Project | [ ] Expansion of Existing Project |

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| Project Name: (if general operating please indicate) |  |
| Proposal Summary - In 100 words or less summarize the purpose of this request. |
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| Funding Period Requested: (be specific)  | / / through / / | Amount Requested: | $ |
| Total Project Budget for this period: (not required if general operating request) | $ | Current Annual Organizational Budget: | $ |
| Organization Fiscal Year: |  / / through / / |
| Geographic Area(s) Served:(include specific counties) | (If seeking project funding, note geographic area served by project. If seeking general operations support, note geographic area served by entire organization) |

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| If applicable: List applicant’s membership of a giving federation: (e.g., United Way, Arts & Education Council, Jewish Federation, Earthshare Missouri)  |  |

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| Agreement |
| *I certify to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.**In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.* |

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| Signature, Executive Director*(or authorizing official on behalf of the organization)* |  | Date |



 **Summary of Program & Organization. LIMIT TO ONE PAGE.**

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| **Organization Name** | **Amount Requested** |
| **Mission and General Description of Organization** |
| **Proposal Description** (Please indicate specifically how funding would be used.) |
| **Project or Organizational Budget Summary** (Include organizational budget summary only if requesting general operating support. If program funding is requested, please indicate Total Expenses and Total Committed and Pending Revenues.) |
| **Organizational Support/Long-Term Funding Plan** |



**Narrative Summary of Additional Information. LIMIT TO ONE PAGE.**

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| **Organization Name** |
| **Additional Information Pertinent to Program** |
| **Program Evaluation** |