The
BEAR FAMILY
FOUNDATION

2026 Grant Application

Organization Information

Organization Name: _____

DBA (if applicable): _____

EIN (Tax ID Number): _____

FDACS Registration (Florida Department of Agriculture and Consumers Services): _____

Mailing Address: _____

Physical Address: _____

City, State, ZIP: _____

Website: _____

Primary Contact Name: _____

Title: _____

Email: _____

Phone Number: _____

Organization Overview

Mission Statement: (50 word maximum)

_____

_____

_____

Population Served: (100-word max)

Current Programs: (200-word max)

Funding Request

Amount Requested: $_____

Project/Program Name: _____

Project Description: (200-word max)

Project Timeline: (If Applicable)
Start Date: _____ End Date: _____

Geographic Area Served: (City/County/Region) _____

Impact & Outcomes

What need does this project address? (150-word max)

Expected Outcomes: (100-word max)

How will success be measured? (100-word max)

Estimated Number of Individuals Served: _____

Financial Information

Annual Operating Budget: $_____

Please attach the following:

- Board of Directors - Names & Officer Roles Only (No biographies)
- Current Year Organizational Budget vs Actual Report (within 60 days of application date)
- Prior Year Organizational Budget vs Actual Report
- Current Balance Sheet (within 60 days of application date)
- Prior Year Balance Sheet
- Prior Year Income Statement
- Year To Date Income Statement (within 60 days of application date)
- Most recent form 990
- IRS 501(c)(3) Determination Letter
- Florida Department of Agriculture and Consumer Services Certification

Note: Organizations that solicit charitable contributions in the state of Florida are generally required to be registered with the Florida Department of Agriculture and Consumer Services (FDACS).

Project Budget

Please attach Project Budget

Brief Budget Description: (100-word max)

Additional Information (optional)

Other Funding Sources (secured or pending): (75-word max)

Additional Comments: (100-word max)

Certification & Signatures

By signing below, the undersigned certify that the information provided in this application is true and accurate to the best of their knowledge. Funds may not be used for political activity, lobbying, or purposes outside the approved project scope. The organization agrees to use any awarded funds solely for the purposes described and to comply with all reporting requirements of the Bear Family Foundation.

Executive Director Name: _____

Signature: _____ **Date:** _____

Board Chair Name: _____

Signature: _____ **Date:** _____

Grant Reporting

Organizations receiving funding from the Bear Family Foundation may be asked to submit a brief report describing how funds were used and the impact of the program or project. This report may include program outcomes, number of individuals served, and a brief financial summary.