



**SAGE**  
ANGEL FOUNDATION

## Grant Application Form for Organizations Seeking Assistance and Support

The Sage Angel Foundation is an organization committed to raising funds to be allocated to individuals with extraordinary needs. Its exclusively charitable purpose is to serve the victims of catastrophic accidents and injuries. If you are an organization whose needs align with the Sage Angel Foundation's mission, please fill out the grant application form below. To assist us with our selection process, please take the time to thoroughly answer each question providing as much information as possible. All applications should be submitted either via email to [angelfoundation@sagesettlements.com](mailto:angelfoundation@sagesettlements.com) or mailed to: Sage Angel Foundation, 3425 Bannerman Road #105-507, Tallahassee, FL 32312.

Date of Application:

Organization Name:

Address:

City: State: Zip Code:

Website:

President/Exec. Dir.: Title:

Phone Number: Email:

Contact Person (if different): Title:

Phone Number: Email:

### Information on Organization

Are you a 501(c)(3)?

Organization's Mission Statement:

Brief description of organization:

Population served:

Organizational goals and objectives (short-term and / or long-term):

Programs and Services (briefly describe your organization's programs and services):

Organizational Structure (board, staff, volunteers):

Have you ever received a grant from the Sage Angel Foundation?

Date: Amount:

How did you hear about the Sage Angel Foundation?

Name of referring Sage Settlement Consultant or Staff member:

**Description of Need**

What is the issue you plan to address? \_\_\_\_\_

What is your approach in addressing the issue? \_\_\_\_\_

How does your need align with the Sage Angel Foundation's mission to serve victims of catastrophic injuries? \_\_\_\_\_

How will this grant strengthen the organization, address the issues, make improvements, or achieve success? \_\_\_\_\_

**Type of Request**

Monetary \_\_\_\_\_ Requested Amount: \_\_\_\_\_

Equipment or Services (please specify): \_\_\_\_\_

**Equipment or Services Needed**

Description of equipment/services requested. If multiple, please prioritize in order of importance: \_\_\_\_\_

What are the costs of the equipment/services you are requesting? \_\_\_\_\_

**Budget Information**

What funding have you received from other foundations? \_\_\_\_\_

Are you currently seeking funding from other foundations? If so, please specify: \_\_\_\_\_

Describe any unusual or special circumstances and provide an explanation / justification of your funding request and the amount. \_\_\_\_\_

**Additional Information**

How will this grant help you? \_\_\_\_\_

Please provide us with any other information that may be pertinent to the Sage Angel Foundation honoring your application request: \_\_\_\_\_

**Waiver and Truth Statement**

“Any decision by the Sage Angel Foundation (SAF) as to (i) whether or not a grant is to be awarded and (ii) if awarded, the amount that shall be granted is the sole and absolute discretion of SAF. By your submission of this grant application to SAF, you agree to be bound by the decision of SAF and assure and hold SAF harmless from any and all claims, actions and/or causes of action arising directly or indirectly as a result of SAF's decision.”

SAF uses grantee bios and photos to assist in our fundraising efforts to complete our mission. The answers and statements given in this grant application are true and correct. I understand that providing misinformation in this grant application could cause my application to be denied.

I AGREE \_\_\_ I DO NOT AGREE \_\_\_

Name of President of the Board or Executive Director (printed) \_\_\_\_\_

Authorizing Signature (President of the Board or Executive Director) \_\_\_\_\_

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