



# THE TEP FOUNDATION, Inc.

## Grant Request Form

2025-2026

**Please fill out and return the following form. The information will be used to determine whether an Educational Program Grant is approved. The Board of Trustees will notify applicant within 45 days after submission. The Board of Trustees will contact an appropriate person should more information be required. Approved applicants must adhere to all Local, State, Federal Law and IRS 501(c)(3) Tax-Exempt Regulations.**

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

Organization: \_\_\_\_\_

Grant Amount (Proposed Expense): \_\_\_\_\_

Grant Period (Date of Event): \_\_\_\_\_

Event Title or Description: \_\_\_\_\_

1. Please provide a description of program activities that will take place. Be sure to include a proposed title of event, format of event (in-person or virtual), anticipated program outcomes, and a detailed account how this program advances the Foundation's 501(c)(3) educational purpose.
2. Please provide a description of event location, dates, time, and number in attendance.
3. Please provide a list of all anticipated attendees, including their names and titles. For participants please label them as either "Upper Classman" or "Lower Classman." For volunteers or staff please label them.



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4. Please provide a list of all proposed expenses and their description.
  
  
  
  
  
  
  
  
  
  
5. Please provide a list of all facilitators or vendors. Please supply a detailed description of anticipated discussions, including copies of all proposed handout material(s), PowerPoint Presentation(s), Marketing Material, and other related program specific material(s).
  
  
  
  
  
  
  
  
  
  
6. Please explain how topics are transferable outside of Tau Epsilon Phi Fraternity.
  
  
  
  
  
  
  
  
  
  
7. Please explain how funds are currently collected for this endeavor. Including source, amount, disbursement, etc. If no funds are currently collected or used please write “none.”
  
  
  
  
  
  
  
  
  
  
8. Please provide contact information for Applying Persons (Office Staff, Board Member, Corporate Agent, etc.); Including: Title, role, job description, or other. Please also furnish a copy of meeting minutes if applicable and/or requested.

**Attestation: I, hereby authorize that the following information submitted is a complete, true, and accurate. Should any information be deemed inaccurate or unsatisfactory the TEP Foundation, Inc. reserves the right to reject an applicant at-will. Notification of rejection will be sent within 45 days of submission. All approved applicants must sign a *Grant Agreement* prior to dispersement of educational programing funds. Failure to adhere will result in an immediate termination by The Board of Trustees.**

Organization Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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