

# THE MARINUS AND MINNA B. KOSTER FOUNDATION, INC.

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## Application Checklist

Required Item		Format (electronic or hard copy)	Other Details
	Application Form (this document)	Electronic	Microsoft Word document
	IRS Letter of Tax Exemption § 501(c)(3)	Either	PDF is acceptable
	Current Audited Financial Statement	Either	PDF is acceptable
	Current List of Board of Directors	Either	PDF is acceptable
	Representative List of Contributors Who Have Supported Your Organization	Either	PDF is acceptable
	Your Organizational Conflict of Interest Policy	Either	PDF is acceptable

**PLEASE NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL ALL OF THE ABOVE-LISTED ITEMS ARE RECEIVED.**

**This document is a Microsoft Word form. To use it, follow the instructions below:**

- 1. For free response questions (indicated by “click here to enter text”), click in the appropriate area and enter your response.**
- 2. For questions requiring you to select from a list of options, click on the box next to the appropriate response.**
- 3. For questions requiring a date (indicated by “click here to enter a date”), click in the appropriate area and use the calendar to select the appropriate date(s).**

**Please return both a signed hard copy and an electronic copy of your completed application (and all appropriate attachments) to:**

The Marinus and Minna B. Koster Foundation, Inc  
c/o Kenneth Spruill  
The Tower at PNC Plaza  
300 Fifth Avenue, 27<sup>th</sup> Floor  
Pittsburgh, PA 15222

kenneth.spruill@hawthorn.pnc.com  
412.762.9540 (telephone)

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**PLEASE PROVIDE CONCISE RESPONSES TO THE FOLLOWING QUESTIONS.**  
(Preferred total length not to exceed six pages in total)

1. **What are the needs or problems that your organization addresses? Please define the audience which will benefit from your efforts.**  
[Click here to enter text.](#)
2. **Describe the proposed program or need for funding.**  
[Click here to enter text.](#)
3. **Are you collaborating with any other organizations on this program? If so, please describe your plans for collaboration and/or joint ventures.**  
[Click here to enter text.](#)
4. **Please outline the specific program goals, measurable objectives, and expected outcomes for the project/program you are considering. How will you measure the success of your efforts?**  
[Click here to enter text.](#)
5. **How will volunteers be utilized in accomplishing your objective(s)? Who will be responsible for coordinating the volunteer efforts (recruiting, training, deploying, supervising, etc.)?**  
[Click here to enter text.](#)
6. **What are your plans for ongoing sources of support for this project/program? What are the plans for this initiative at the end of the grant period?**  
[Click here to enter text.](#)
7. **Who will be responsible for the management and oversight of this grant? What are his/her qualifications?**  
[Click here to enter text.](#)
8. **Please outline how your organization plans to recognize and honor the Koster Foundation and/or Marinus and Minna B. Koster, the individuals responsible for the creation of the Foundation. Please note that a thank you letter to the Foundation would not be considered adequate recognition. Additionally, failure to outline a specific plan for public recognition of the Foundation can potentially result in the Foundation not considering your grant request.**  
[Click here to enter text.](#)

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**Date of Application:** Click here to enter a date.

**Exact Legal Name of Organization to which grant would be paid:**  
Click here to enter text.

**Mailing Address:**  
Click here to enter text.

**Website URL:** Click here to enter text.

**Executive Director:** Click here to enter text.

**Telephone:** Click here to enter text.

**Email:** Click here to enter text.

**President, Board of Directors:** Click here to enter text.

**Primary Financial Contact for Your Organization (ex. Chief Financial Officer, Controller):**  
Click here to enter text.

**Telephone:** Click here to enter text.

**Email:** Click here to enter text.

**Primary Grant Contact and Title (if not Executive Director):**  
Click here to enter text.

**Telephone:** Click here to enter text.

**Email:** Click here to enter text.

**Mission Statement of Organization:**  
Click here to enter text.

**Purpose of Grant (one sentence):**  
Click here to enter text.

**Project Name (if applicable):**  
Click here to enter text.

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Is your organization exempt under § 501 (c)(3) of the Internal Revenue Code?  Yes  No

If “Yes”, please provide a copy of your IRS Determination Letter

If “No”, please explain: [Click here to enter text.](#)

Is the organization classified as a § 509(a)(3) – Supporting Organization?  Yes  No

If “Yes”, please select appropriate type designation:  Type I  Type II  Type III

In the event that your organization is classified as a supporting organization of another charitable entity, the supporting organization will be required to submit a legal opinion satisfying the requirements of the Internal Revenue Service Notice 2006-109 (and the modifications thereto in Notice 2014-4). Please Note: Legal opinion must be issued within thirty days of the date of your application.

Has the organization been involved in litigation, arbitration or mediation within the last five years?

Yes  No

If “Yes”, please explain: [Click here to enter text.](#)

Grant Request Amount: [\\$Click here to enter text.](#)

Grant Purpose (select one):

- General Operational Support
- Matching Grant
- Seed Money for New Program
- Specific Program Support
- Other (please specify): [Click here to enter text.](#)

Amounts and dates of previous grants received from the Marinus and Minna B. Koster Foundation:

[Click here to enter text.](#)



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I certify, to the best of my knowledge, that:

1. The federal tax-exempt status of this Organization is still in effect;
2. This organization remains in good standing in its state of incorporation and/or foundation, and in any state where it is authorized to do business;
3. This Organization does not support or engage in any terrorist activity; and
4. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.

Signatures:

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President, Board of Directors

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Date

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Executive Director

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Date