



## **S. June Smith Foundation 2026-2027 Mini-Grant Application**

Each year, the S. June Smith Foundation awards mini-grants to non-profit organizations that provide services for children with developmental disabilities and delays. The funding period for this grant is July 1, 2026 to June 30, 2027. Funds will be disbursed to successful applicants on or before June 30, 2026, unless otherwise arranged. The project, program or services must take place during that same time period (July 1, 2026 to June 30, 2027). Grant awards typically range between \$1,000.00 and \$2,500.00.

### **Submission Instructions**

The following documents and information must be submitted in order for a grant application to be considered by the S. June Smith Foundation:

- Completed Mini-Grant Application (this document).
- List of current members of the applicant organization's Board of Directors.
- A copy of the applicant organization's Letter of Determination from the IRS.
- A copy of your most recent IRS 990 Form or a copy of your current annual budget.

**The completed grant application and accompanying materials are due Friday, May 29, 2026, by 4:00 P.M. The application materials should be mailed, hand-delivered or emailed to:**

**S. June Smith Foundation  
c/o Holly S. Filius, RKG Law, LLP  
101 North Pointe Boulevard  
Suite 202  
Lancaster, PA 17601  
Email: [hsf@rkglaw.com](mailto:hsf@rkglaw.com)**

Please do not email your application and accompanying materials to any other email address or they will not be considered.

All applicants will be notified of the S. June Smith Foundation's award decisions by June 16, 2026.

### **Grant Information and Eligibility**

The S. June Smith Foundation Mini-Grant program funds projects, programs and services for children with developmental disabilities and delays. Grant applications must meet all of the following criteria in order to be considered for funding by the S. June Smith Foundation:

- The applicant organization must be a 501(c)(3) charitable organization, as determined by the IRS.
- The project, program or service must benefit children with developmental disabilities and delays.
- The project, program or service must occur in Lancaster County, Pennsylvania, and must benefit children who reside in Lancaster County, Pennsylvania.
- The funds from this grant cannot be used for specifically religious purposes, such as religious instruction and proselytizing.
- The project, program, or service funded by the S. June Smith Foundation must take place during the grant period, July 1, 2026 to June 30, 2027.



**S. JUNE SMITH FOUNDATION  
MINI- GRANT APPLICATION**

**Part 1: Agency Information**

1. Full legal name of applicant organization: \_\_\_\_\_

2. Business Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ 4. Fax Number: \_\_\_\_\_

5. Website: \_\_\_\_\_

6. Employer Identification Number: \_\_\_\_\_

7. Name of Chief Executive: \_\_\_\_\_

8. Email Address of Chief Executive: \_\_\_\_\_

9. Primary Contact for Application: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

10. Mission Statement of the applicant organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. We would like our project/program/service to be considered for promotion on S. June Smith Foundation marketing and fundraising materials. *(Please check one)* YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Part 2: Program Information**

1. Please describe the community need that the project, program or service addresses? Please indicate how this community need was determined.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Who will be served by this project, program or service? Please describe your clients or participants, including projected number of clients, age range, and any other information that describes your program participants or clients.

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3. Please provide a narrative description of the project, program or service to be funded by the S. June Smith Foundation mini-grant:

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4. Please describe how the project, program or service will benefit participants or clients and also describe the primary anticipated client-centered outcomes:

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**Part 3: Budget Information**

1. Applicant organization's total annual budget: \_\_\_\_\_
2. Total cost of the project, program, or service: \_\_\_\_\_
3. Amount requested from the S. June Smith Foundation: \_\_\_\_\_

4. Of the amount requested, please indicate how it will be used in the table below:

Budget Categories	Amount
1. Staff salaries and benefits	\$
2. Training	\$
3. Travel	\$
4. Equipment	\$
5. Supplies	\$
6. Other (describe):	\$
7. Other (describe):	\$
8. Other (describe):	\$
Total Requested from S. June Smith Foundation (total should match the amount in Part 3.3 above)	\$

**Part 4: Organization Signatures**

\_\_\_\_\_  
Chief Executive Officer/Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Volunteer Officer/Board Chair

\_\_\_\_\_  
Date

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