



830 Bergen Avenue, 7<sup>th</sup> Floor  
 Jersey City, NJ 07306  
 Telephone: 201-915-5434  
 Fax: 866-353-3172

## Grant Application

**1. ORGANIZATION:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Telephone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_

Name & Title of Contact Person: \_\_\_\_\_

**2. FEDERAL TAX ID NUMBER:** \_\_\_\_\_

Must be included or application will be denied.

**3. MISSION OF THE ORGANIZATION:** \_\_\_\_\_

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

**4. COUNTY OR COUNTIES SERVED:** \_\_\_\_\_

\_\_\_\_\_

**5. TOTAL BUDGET OF THE ORGANIZATION: \$** \_\_\_\_\_

(Requests over \$10,000 must include last audited financials)

Sources of operating funds (% of total operating income)

Federal \_\_\_\_\_% Corporate Gifts \_\_\_\_\_%

State \_\_\_\_\_% Individuals \_\_\_\_\_%

City \_\_\_\_\_% Endowment Income \_\_\_\_\_%

Fees \_\_\_\_\_% United Way \_\_\_\_\_%

Foundations \_\_\_\_\_% Events \_\_\_\_\_%

Other \_\_\_\_\_% (explain) \_\_\_\_\_

**6. PLEASE ATTACH A LIST OF BOARD MEMBERS.**

7. **PURPOSE OF REQUEST** (Brief explanation must be provided ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. **AMOUNT OF REQUEST** \_\_\_\_\_

9. **PLEASE LIST OTHER GRANTS RECEIVED OR PENDING IN LAST 12 MONTHS:**  
(Include organization, grant amount, and year received)

.

\_\_\_\_\_  
**Requesting Organization Signature**

\_\_\_\_\_  
**Date**

**For Foundation Use Only:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_