



830 Bergen Avenue, 7th Floor
Jersey City, NJ 07306
Telephone: 201-915-5434

2010
Mini-Grant/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: \$ _____

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 OTHER GRANTS/CORPORATE DONATIONS PENDING OR RECEIVED IN LAST 24 MONTHS.

(Include name, amount received or pledged and year received)

7. PLEASE ATTACH A LIST OF BOARD MEMBERS.

8. PURPOSE OF REQUEST (Brief explanation **must** be provided in this space but you may also attach longer description)

9. AMOUNT OF REQUEST _____

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

Requesting Organization Signature

Date

For Foundation Use Only:

Date Received _____ 501(c)3 verified on ____/____/____ by _____

Entered into Gifts _____ Application Complete _____ Progress Report on File _____

Address/Contact Information Updated in Gifts _____

Acknowledgement on File _____ Disposition Date _____

Decline Letter Sent _____ Check # _____ Acceptance Letter Sent _____

Site Visit _____