

## Grant Application Form

Please PRINT OR TYPE ON THIS FORM ONLY. Facsimiles will not be accepted.

Application date: \_\_\_\_\_

### Organizational Information

Organization/Agency requesting grant: \_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Executive Director/CEO: \_\_\_\_\_

Year organization was established: \_\_\_\_\_

Mission Statement: \_\_\_\_\_  
\_\_\_\_\_

Are you a 501 (c)(3) organization?  Yes  No Other? \_\_\_\_\_  
If yes, please attach a copy.

If not, please explain: \_\_\_\_\_

### Program/Grant Information

1. Program/project name: \_\_\_\_\_

2. Amount of grant request: \$ \_\_\_\_\_ 3. Total program budget: \$ \_\_\_\_\_

4. If joint proposal, names of co-applicants: \_\_\_\_\_

5. Other anticipated sources of funding: \_\_\_\_\_

6. Will you be able to continue this project with partial funding?  Yes  No

7. Purpose of grant request (clear & concise – limit to space provided) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Number of individuals anticipated to be served: \_\_\_\_\_

9. Time period to be covered by grant: From \_\_\_\_\_ To \_\_\_\_\_

### **Outcome Measurements**

1. What methodology will you utilize to measure the effectiveness of your program/project? \_\_\_\_\_

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2. Does your program/project include a collaborative relationship with other communities within Schuylkill County?  Yes  No If yes, with whom? \_\_\_\_\_

3. How will your program/project benefit a broad segment of our regions residents? \_\_\_\_\_

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### **Additional Information**

1. Is your organization a prior recipient of Schuylkill Area Community Foundation funding?  
 Yes  No

2. Does your organization have an established fund with Schuylkill Area Community Foundation?  
 Yes  No

3. If not, would you consider an informational presentation to your organization?  
 Yes  No

**THE FOUNDATION MUST RECEIVE ALL APPLICATIONS NO LATER THAN 12 NOON ON MARCH 16 TO BE CONSIDERED FOR THE AWARD.**

**Mailing Address**  
**Schuylkill Area Community Foundation**  
**216 South Centre Street**  
**Pottsville, PA 17901**

**Office use only: Date received:** \_\_\_\_\_ **Database ID#** \_\_\_\_\_