



A Component Fund within the Community Foundation of Warren County's Corporate Division

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 Phone (814) 726-9553  
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**GRANT APPLICATION**

DATE RECEIVED BY CFWC
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Name of Organization \_\_\_\_\_ Date Founded \_\_\_\_\_

Address (street) \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Application \_\_\_\_\_ Amt Requested \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Status  501 (c) 3 Include IRS Determination Letter

509 (a) \_\_\_\_ Enter status classification: 1, 2, or 3 (found on IRS Determination Letter)

Enter EIN/Tax ID \_\_\_\_\_ Did you file form 990 last year?  Yes  No  
 (If yes, please attach a copy of page 1)

Have you previously requested Defrees Family Memorial Funds?  Yes  No

If YES, please indicate for most recent request: When? \_\_\_\_\_ How Much? \_\_\_\_\_

CURRENT YEAR

PRIOR YEAR

Total Organization Revenue \_\_\_\_\_

Primary Sources of Revenue \_\_\_\_\_

Start Date of Fiscal Year \_\_\_\_\_  Financial Report for last fiscal year attached

Primary Sources of Income (grants, fees, etc.) \_\_\_\_\_

Total Endowment \_\_\_\_\_ Total Reserves \_\_\_\_\_ Total Debt \_\_\_\_\_

Total Cost of Project/Program \_\_\_\_\_ Amt. Allocated from your Organization \_\_\_\_\_

Other Funders for this specific project	Amount	Indicate whether Committed (C), Pending (P), or Not Yet (NY)
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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4. _____	_____	_____
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5. _____	_____	_____
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# of Board Members \_\_\_\_\_ # of Staff \_\_\_\_\_ # of Volunteers \_\_\_\_\_

# GRANT APPLICATION

Please provide a brief description of your organization, focusing primarily on the project for which you are seeking funding. Your summary should include the project's objectives and goals, implementation methods, who the project will serve, a plan for self-evaluation, and future funding plans. Your summary should not exceed the space below; please type or provide an attached printout.

Organization \_\_\_\_\_ Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_