



GRANT APPLICATION PG 1

DATE RECEIVED BY BVF

310 Second Ave., Suite 1, Warren, PA
16365 Phone (814) 726-9553
Fax (814) 726-7099
E-mail cfwc@westpa.net

Name of Organization _____ Date Founded _____
Address (street) _____ City/State/Zip _____
Date of Application _____ Amt Requested _____
Name/Title _____

Preferred contact method: Phone _____ E-mail _____

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 submitted a request to the Brokenstraw Valley Fund? 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)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

of Board Members _____ # of Staff _____ # of Volunteers _____

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 _____

E-mail _____

Date _____