



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

GRANT APPLICATION

DATE RECEIVED BY CFWC

310 Second Ave., Suite 1, Warren, PA 16365

Phone (814) 726-9553

Fax (814) 726-7099

E-mail Grants@cfowc.org

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)
1.		
2.		
3.		
4.		
5.		

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 _____