THE Glaser FOUNDATION

Supporting direct-line services to children and the elderly in Washington State

Grant Application Form

Please contact us at **info@paulglaserfoundation.org** with any technical questions. **Use Adobe Reader to complete this form**.

ORGANIZATION

Organization Name: _____

Tax ID/EIN: _____

Website Address: _____

CONTACT INFORMATION

Salutation (Ms./Mrs./Mr./Dr., etc.) _____

Contact First Name _____ Contact Last Name _____

Contact Title _____

Address _____

City _____ State _____ Zip Code: _____

Phone Number _____ Fax Number _____

Email Address: _____

Additional Notes or Comments: (please limit to 75 words or less)

PROJECT DESCRIPTION

Project Name: _____

Project Focus:

- ☐ Educational/vocational training
- ☐ Health-related issues
- ☐ Services to the elderly
- ☐ Services to children with disabilities
- ☐ Services to at-risk youth
- ☐ Services to children and families from disadvantaged backgrounds

Please give a brief description of the grant purpose: (please limit to 100 words or less)

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PROJECT DESCRIPTION, continued

Please give a full description of the purpose of this grant (specific need to be met): (please limit to 250 words or less)

Additional Notes or Comments: (please limit to 75 words or less)

BUDGET INFORMATION

Amount of this grant request: _____ Total budget for this project: _____

Total annual organization budget _____

Additional Notes or Comments: (please limit to 75 words or less)

ORGANIZATION INFORMATION

Organization's Purpose: (please limit to 75 words or less)

Organization's Operation: (please limit to 75 words or less)

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ORGANIZATION INFORMATION, continued

Organization's History: (please limit to 100 words or less)

Additional Notes or Comments: (please limit to 75 words or less)

ADDITIONAL INFORMATION

Board of Directors:

Any other information you believe the Board would find relevant: (please limit to 100 words or less)

CERTIFICATION

I certify that the information provided on this application is true, accurate, and complete.

Name _____ Title _____

Signature _____ Date _____

NOTE: Please attach to this application any of the following you feel would be helpful in making our decision:

- Your most recent audited financials
- A copy of the budget for the project/program
- Your most recent tax return.