

# GRANT INQUIRY COVER SHEET

THIS COVER SHEET MUST BE COMPLETED IN FULL AND ALL QUESTIONS  
MUST BE ANSWERED IF YOU WANT YOUR APPLICATION TO BE CONSIDERED

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Name of Organization \_\_\_\_\_ Date of Founding \_\_\_\_\_

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Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

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City, State and Zip Code \_\_\_\_\_ Fax Number \_\_\_\_\_

Two (2) Contact People and Phone Numbers. (Contact people should be staff or board members that can answer questions related too this application.)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Is your organization a non-profit? Yes \_\_\_\_\_ No \_\_\_\_\_

Does it have Tax-Exempt Status? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are requesting a grant for a specific project, please complete the following:

Length of Project From \_\_\_\_\_ To \_\_\_\_\_

Total annual project budget \$ \_\_\_\_\_ \$ \_\_\_\_\_ in-hand

Amount requested \$ \_\_\_\_\_

Have you ever received a grant from the Oberreich Foundation? Yes \_\_\_\_\_ No \_\_\_\_\_

# *PROJECT SUMMARY*

If more room is needed to adequately address any question, you may attach one additional sheet.

1. Goal of Project:
  
2. Biographical Information on Your Organization:
  
3. Project Description: please answer the following questions:  
What would you do? How would you do it? Who will be involved? What is your timetable?
  
4. Project Impact: potential benefits -- who will benefit?
  
5. Budget: How much is the project going to cost? Where are the funds coming from?  
Salaries and wages to be paid. Travel expense. Equipment to be purchased. Consultants or professional fees.

End of Proposal

For office used only: Proposal No. \_\_\_\_\_ Rating \_\_\_\_\_ Date Received \_\_\_\_\_