

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

Name of Organization _____ Date of Founding _____

Address _____ Telephone Number _____

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 _____