

KEYSTONE NAZARETH CHARITABLE FOUNDATION

90 Highland Avenue, Bethlehem, PA 18017

Application For Grant Request



Please complete this Application in its entirety. Answers to all of the questions are essential to our Board of Director's decision-making process. Unanswered questions may delay the review of your grant request. Please type or print clearly.

Date Of Application:
Organization Name:
Street Address/PO Box:
City/State/Zip:

Contact Name:	
Title:	
Phone:	Fax:
Email:	Website:

Please attach the following documents to the grant application:

- Current Operating Budget
- Current Audited Financial Statement
- Annual Report
- Federal Tax Return (990)
- Copy of the current IRS Determination Letter 501©(3) Tax Exempt Status
- Federal Tax (EIN) Number
- List of Officers and Board Members
- Letters of support (optional) that substantiate need for campaign and collaboration with other organizations.
- List of current financial resources:
 - (a) Name of financial institution/brokerage,
 - (b) Type of account (i.e. checking, money market, CD, other investments
 - (c) Dollar amount
 - (d) Current debt, type of loan and amount.

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What is the projected time line for implementation of this Program/Project?

What are the goals and objectives of the Program/Project?

**What strategies will you employ to implement your Program/Project?
Describe your criteria for a successful Program/Project and results you expect to achieve by the end of the funding period.**

What are the benefits to the community or population? What outcomes will prove that your project/program is successful?

How will the Foundation be recognized?

List the proposal's target population/constituents/socio-economic status and geographic communities.
(For example: 75 Infants of families with low to moderate income in center city Allentown, 200 Senior Citizens in Northampton County with mid to low income, serves 200 abused Children in Easton - 50% of the children are from families with low to moderate incomes)

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Please list the names of 5 other organizations or foundations, which have supported you in the past:
1
2
3
4
5

Signature

Date

Thank you for your interest in the Keystone Nazareth Charitable Foundation and for taking the time to submit this grant request. All applications receive written notification following the next meeting of the Board of Directors, which is scheduled for _____.

Please mail your completed Grant Application to:

Nancy Billiard, Vice President Community Development
Keystone Nazareth Charitable Foundation
236 Brodhead Road
Bethlehem, PA 18017