



## Fremont Area Elderly Needs Fund Grant Application Cover Sheet

Date of Application: \_\_\_\_\_

Organization: \_\_\_\_\_  
(Legal name as on IRS determination letter and as supplied on IRS Form 990)

Executive Director: \_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of grant (one sentence): \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Dates of the Project: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Attachment Check List: (one copy of each)**

<input type="checkbox"/> IRS 501(c)(3) determination letter <input type="checkbox"/> Board List <input type="checkbox"/> Organization's current operating budget <input type="checkbox"/> Form 990 (most recent filed) <input type="checkbox"/> Audited Financial Statement <small>(most recently completed)</small>	<input type="checkbox"/> Annual Report (if available) <input type="checkbox"/> Resumes & job descriptions of key project personnel <input type="checkbox"/> Organizational chart <input type="checkbox"/> Letters of support (up to five)
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\_\_\_\_\_  
 Signature, Chairperson, Governing Board

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Typed Name and Title

\_\_\_\_\_  
 Signature, Staff Head of Organization

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Typed Name and Title