

# 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](mailto: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:

### PROJECT DESCRIPTION

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

Project Focus:

Please give a brief description of the grant purpose:

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### PROJECT DESCRIPTION, continued

Please give a full description of the purpose of this grant (specific need to be met):

Additional Notes or Comments:

### BUDGET INFORMATION

Amount of this grant request: \_\_\_\_\_ Total budget for this project: \_\_\_\_\_

Total annual organization budget \_\_\_\_\_

Additional Notes or Comments:

### ORGANIZATION INFORMATION

Organization's Purpose:

Organization's Operation:

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### ORGANIZATION INFORMATION, continued

Organization's History:

Additional notes or comments:

### ADDITIONAL INFORMATION

Board of Directors:

Any other information you believe the Board would find relevant:

### 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.