

**THE EMERGENCY AID OF PENNSYLVANIA FOUNDATION, INC.**

**GRANT APPLICATION COVER PAGE  
MUST BE COMPLETED AND SUBMITTED WITH REPORT**

**ORGANIZATION NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**GRANT AMOUNT REQUEST:** \_\_\_\_\_ **COUNTY (S) SERVED:** \_\_\_\_\_

**SUMMARY STATEMENT OF YOUR PROPOSED PROJECT**

**A copy of all the following must be attached to this report:**

_____	List of Officers and Directors	(Grant Outline Section C.1)
_____	List of present and applied for funding and status	(Grant Outline Section 2.e)
_____	Current Agency Operating Budget	(Grant Outline Section C.2.a)
_____	Proposed Project Budget	(Grant Outline Section C.a)
_____	Most Recent Audited Confirmation Letter	(Grant Outline Section C.2.b)
_____	Most Recent IRS 990	(Grant Outline Section C.2.c)
_____	Tax Exempt Form #501 (c) (3)	(Grant Outline Section C.2.d)
_____	BCO 10 Certificate	(Grant Outline Section E)
_____	Post-Grant Report from most recent EA Grant	(Grant Outline Section D)

**Total number of Board Members:** \_\_\_\_\_

**Total number of Employees: Full Time:** \_\_\_\_\_ **Part Time:** \_\_\_\_\_ **Volunteer:** \_\_\_\_\_

**Total annual organizational budget:** \_\_\_\_\_ **Dates of fiscal year:** \_\_\_\_\_

**Time period this grant will cover:** \_\_\_\_\_ **Project or operating budget:** \_\_\_\_\_

**Does your organization receive support from the United Way, Combined Health, Arts Council or any government funds?**

**Please circle: YES NO**

**If Yes, percentage of total operating budget supported by government funds:** \_\_\_\_\_ %