

THE EMERGENCY AID OF PENNSYLVANIA FOUNDATION, INC.
GRANT APPLICATION COVER PAGE
MUST BE COMPLETED AND SUBMITTED WITH REPORT

ORGANIZATION NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____ WEB PAGE _____

CONTACT: _____ TITLE: _____

GRANT AMOUNT REQUEST: _____ COUNTY (S) SERVED: _____

MISSION STATEMENT

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)
_____	Copy of 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 % _____