

Bucks County Community Foundation
P. O. Box 433
Langhorne, PA 19047
www.buckscountycommunityfoundation.org

GRANT OR FUNDING APPLICATION

Name of Applicant or Organization: _____

Address: _____
Number and Street

_____ ,
City

_____ ,
State

_____ ,
Zip

Contact Person and Title: _____

Phone: _____ Email: _____

Date Organization was founded: _____

Is organization a 501 (c) 3 : Yes _____ No _____ Other: _____

Federal Employer Identification Number (FEIN): _____

Specific Grant Information:

Amount of funding requested from BCCF: _____

Please detail your grant or funding request below. Please specify exactly how BCCF funds will be used. If this is an individual or group in need, please detail your current position and necessity. Use additional sheets if needed:

Total cost of this project or proposal: _____

Amount directed to staff wages, benefits: _____

Amount for services, supplies, equipment: _____

Other sources of funding for this request: _____

Other grants (from what organization and amount): _____

Annual agency budget: _____

Certification:

I certify that the project described is intended to benefit the community of Bucks County or its residents as described in the Foundation's bylaws. All information provided is accurate and current. If the project described cannot be carried out, funds awarded shall be returned to the Bucks County Community Foundation.

Furthermore, I agree to provide written documentation, receipts or outcome measures, as requested by the BCCF, in order to verify the proper expenditure of funds awarded.

Applicant Signature

(If applicable, CEO or Board President; if not incorporated, person in charge of organization or group must sign)

Print name of signer: _____