

FRINGE BENEFITS THRIFT STORE SHOP RECYCLE SAVE TO HELP ANIMALS

GRANT APPLICATION

Date_____

ORGANIZATION INFORMATION

FEIN_____ Charitable Organization # _____

Name_____

Name (and title) of Contact_____

Organization's Address_____

City, State, Zip_____

Website_____ Email_____

Organization's Phone _____ Contact Phone_____

**PLEASE ANSWER THE FOLLOWING ACCORDING TO THE MOST RECENTLY
COMPLETED FISCAL YEAR**

Income_____ in _____(yr)

Expenses_____ in _____(yr)

Number of animals taken in and/or aided by your organization:

_____ in _____(yr)

Summary of request, i.e., assistance for a specific program/dollar amount, etc:

Please submit with this application the following information.

- A written document explaining what the organization does, its mission, a brief description of its history, etc.
- Statement of need and the goals attainable through funding received.
- If the request being made is for a specific program, please describe that program and its objectives.
- Attachments stating the organization's budget, detailed financial statements for the current and most recently completed fiscal year.

I acknowledge that all information given with this request is true and is kept confidential. I understand that Fringe Benefits may request additional information to aide in processing this grant application and/or a visitation. I understand this request does not guarantee a grant and that Fringe Benefits will review this request and disperse funding according to their internal structure and on the basis of funding availability. I understand that Fringe Benefits will give a timely notice of their position regarding this request.

Signature of applicant/contact _____ Date _____