
THE ALBERT PICK, JR. FUND - GRANT APPLICATION FORM

Date submitted: For review at the following Quarterly Board Meeting
Spring Summer Fall Winter

A. BACKGROUND INFORMATION

Organization Name

Address

City State Zip Code Phone
Fax Email

Contact Person familiar with the details of this request

Name & Title Phone

Amount Requested

General Operating or Program/Project - Title

Is this a request for renewed support? Yes No

(If Yes, and a Report or Evaluation was required in the Grant Transmittal Letter, please attach it)

Program Category best describing this Request

Civic and Community Culture Education Health and Human Services

Month of Organization's Fiscal Year-end: January Organization's EIN #

Group(s) served by this Request

All or indicate the percentage of each group served by the proposed grant

Females Males Disabled Youth Elderly

Minorities

list with percentages

1. Describe your organization's mission:

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2. Describe your organization's history:

3. Describe the geographic area your organization serves:

4. Describe the clients or audiences you organization serves and the current number of dues paying members, if any:

5. Number of Paid Full Time Staff:

Paid Part Time Staff:

Volunteers:

B. REQUEST

Amount Requested

Requested Support

General Operating (*skip to item B4*)

Project/Program (*complete all items*)

1. Describe the project/program for which support is requested:

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2. Describe the goals and anticipated measurable outcomes of the project/program:

3. Describe how this project/program advances your organization's mission:

4. Describe how, when, and by whom your organization and/or project/program will be evaluated:
(If the project/program has already been evaluated, please attach a copy of the results)

5. Have you previously received support from The Albert Pick, Jr. Fund? No
If Yes, please provide date(s), amount(s) and purpose(s):

