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Grant Request Application

Date of Application

Organization Information

Name of Organization

Legal Name if different

Address, City, State, Zip

Employer Identification Number (EIN)

Phone Number

Fax Number

Website

Name of top paid staff

Title

Phone

Email

Name, Title of contact person regarding this application

Phone

Email

Is your organization an IRS 501(c)(3) not-for-profit organization?

Yes

No

If no, is your organization a public agency/unit of government?

Yes

No

Proposal Information

Please give a summary of your request:

Population served:

Geographic area served:

Funds are being requested for (check one):

General operating support

Start-up cost

Capital

Project/Program support

Technical assistance

Other (list)

Project dates (if applicable):

Fiscal year end:

Budget

Dollar amount requested

Total annual organizational budget

Total project budget (for support other than general operating)

Authorization

Name and Title of top paid staff or board chair

Signature

Date