

THE STANLEY AND JOYCE BLACK FAMILY FOUNDATION GRANT APPLICATION

Complete application and submit with your grant proposal.

Legal Name of your Nonprofit Organization | _____

Address | _____

City / State / Zip | _____ email | _____

Authorized Contact Person | _____

Phone | _____ Fax | _____

Type of Organization | _____

Year Founded | _____ Total Current Operating Budget | _____


Primary Source of Funds _____

Prior Stanley and Joyce Black Family Foundation Funding? NO YES Amount/Year _____

Is your organization Tax Exempt Under IRS 501(c)(3)?

NO YES this is our EIN no# _____ - _____ (if YES, please attached IRS letter with EIN# to this form)

Application is pending (if approved, grant cannot be paid until permanent ruling is received)

 If you answered NO to the question above, is your organization part of the municipality? (i.e., part of city, state, town or county government. Examples are: Public school system, city recreation departments, county council of aging, mental health, etc.)

NO YES name of municipality: _____

Grant Amount Request \$ _____

Total Project Cost | \$ _____ Numbers Served by Project | _____ Project Time Period | _____

Program serves primarily: women YES NO ; racial/ethnic minorities YES NO _____

Geographic Area Served / Source of Other Funds to Support Project | _____

Use the space below to write a short summary of the project/grant request (2-3 sentences maximum)

Signature of Contact Person | _____ Date | _____