

Community Grant Application

Contact I	nformatio	n								
Full Lega	l Organiz	ation Nam	e:							
Mailing A	ddress:									
City:			State:		Zip:		Phone #:			
Website:										
Contact F	Person:				Job	Title:				
Phone #:	hone #:				Email:					
Are you a 501c3 organization? Yes No Tax Identification Number: Organization's mission										
organiza statemen		ssion								
Brief description of project proposal:										
Total cost of project:				% of budget already funded:						
Total amount requested from the Dake Foundation:										
List other funding sources and amounts:						•				
•		npletion d	lates:							
Who will be served by this project? (include ages, abilities, diagnoses, geographic area, and any other identifying factors)										
How does this align with the Dake Foundation's mission: to provide opportunities for children with disabilities to enjoy more independence, inclusion, and fun?										



Please inclu	de <u>with</u> your application the following documents:							
	☐ IRS letter of determination							
	\square Most recent tax return (990 or other applicable tax form)							
	☐ Project narrative including detailed scope of the project, full project budget, specifics on how funding will be applied, impact numbers, and organizational history and governance.							
	☐ Annual operating budget							
	Completed applications and supporting documents may be scanned and emailed to: <u>dakefoundationforkids@gmail.com</u>							
	Or may be mailed to:							
	P.O. Box 3575 Saratoga Springs, NY 12866							