

Community Grant Application

Contact	Informatio	n						
Full Leg	al Organiz	ation Nam	e:					
Mailing .	Address:							
City:			State:		Zip:		Phone #:	
Website	:							
Contact	Person:				Job	Title:		
Phone #:				Email:				
Tax Ident	a 501c3 orç ification N	umber:		Yes	□ N			
How did y	you hear a	bout the D	ake Fou	ndation	's Comr	munity Gr	ant program	?
Organization's mission statement:								
	scription o proposal:	f						
Total cost of project:					% of budget already funded:			
Total am	ount requ	ested from	the Dal	ke Found	dation:			
List other funding sources and amounts:						•		
How will this project move forward if full funding is not awarded?								
	d start/co	-	ates:	'				
project?	I be served (include ages geographic an ifying factors)	s, abilities,						



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 include <u>with</u> your appli	cation the following documents:					
☐ IRS letter of de	☐ IRS letter of determination					
☐ Most recent ta	☐ 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 operat	☐ Annual operating budget					
Completed appli	cations and supporting documents may be scanned and emailed to: dakefoundationforkids@gmail.com					
Or may be mailed	d to:					
	P.O. Box 3575					

Saratoga Springs, NY 12866