

Chickering Foundation

Grant Application

Date: _____ Organization's Full Legal Name: _____

If common name different than above, doing business as (d/b/a):

Address: _____

Website:

Federal TIN# _____ Year established: _____

President/Executive Director _____

Phone number _____ Email: _____

Contact person (if different): _____

Phone number _____ Email: _____

Summary of organization's mission (2-3 sentences):

Service area (town/s, county/ies, region): _____

Population served (e.g. age group, ethnic or religious group, income level, etc.):

Grant request: _____ Period grant will cover: _____

Purpose of grant request (brief summary):

Total organizational budget (current year): \$ _____

End date of fiscal year (mo/day): _____

Total budget for targeted program (if separate): _____

Current sources of funding and approximate percentage of total budget:

Sources of Funding (feel free to attach other documents)

Other Comments: _____