



Premier Bank Foundation Grant Application

FOUNDATION

APPLICATION DATE: _____ **INCLUDE COPY OF IRS EXEMPT STATUS LETTER**

ORGANIZATION NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

DIRECTOR: _____

CONTACT PERSON (include title if not Director): _____

EMAIL: _____

GRANT REQUEST: _____ PERIOD IT WILL COVER: _____

TOTAL GOAL: _____ AMOUNT RAISED TO DATE: _____

EVENT/PROGRAM/PROJECT TITLE: _____

TYPE OF REQUEST: General Capital START DATE OF FISCAL YEAR: _____

PROJECT BUDGET (if request is for other than general support): _____

TOTAL ORGANIZATIONAL BUDGET (current year): _____

ACCOUNTANT/FIRM (name/address/phone): _____

SUMMARIZE YOUR MISSION STATEMENT:

SUMMARY OF PROJECT/GRANT REQUEST (2-3 sentences):

SUMMARY OF SERVICE(S) OFFERED AND PROFILE OF CLIENTS' SERVED (service area):

SUMMARY OF NEED (how will need be met and how will program be evaluated):

GRANT APPLICATION -- BUDGET

If you already prepared organizational and project budgets that approximate this format, please submit them in their original forms.

BUDGET PERIOD: _____ to _____

| ITEM | AMOUNT | Position Full/Part | SOURCE | AMOUNT |
|------------------------------------|--------|--------------------|---|--------|
| Salaries/Wages | | | Govt.contracts/grants | |
| List positions & full or part time | | | Foundations | |
| | | | Corporations | |
| | | | Earned Income | |
| Fringe benefits | | | United Way, Combined Federal Campaign and Other Federated Campaigns | |
| Payroll taxes | | | | |
| Consultants/Professional Fees | | | Individual contributions | |
| | | | | |
| Travel | | | Fundraising events/products | |
| Equipment | | | | |
| Supplies | | | | |
| Printing/Copying | | | Membership income | |
| Phone/fax | | | | |
| Postage/delivery | | | In-kind support | |
| Rent/utilities | | | | |
| In-kind expense | | | | |
| Other (specify) | | | Other [specify] | |
| | | | | |
| | | | | |
| TOTAL EXPENSE | | | TOTAL REVENUE | |
| | | | | |
| | | | BALANCE | |