

NFADA CHARITABLE FOUNDATION GRANT APPLICATION

Name of Organization _____

Contact Person _____ Email _____

Address _____

Phone _____ Fax _____

How did you hear about the NFADA Charitable Foundation? _____

Is your organization: Not for Profit* IRC Section 501(c)3* Registered with NY State Charities Department*

Other* (please describe) _____

*Documentation must be submitted along with last fiscal year's audited financial statement.

Has the organization received a grant or donation from the NFADA Charitable Foundation or NFADA? Yes No

If yes, provide a separate statement indicating date and amount of award and how the monies were used.

Describe the activities of the organization including the location in which it operates. _____

Describe the management/staffing of the organization. _____

Detail the organization's income structure by percentage derived from private funding/government or other sources.

Percentage of income utilized for direct charitable purposes vs. organization's operations and administration.

Describe the organization's fundraising activities. _____

Describe the organization's specific need and proposed use of the grant. _____

I certify to the NFADA Charitable Foundation that the information provided is true and correct.

Authorized Signature _____ Date _____

Mail completed application and supporting documentation to:

NFADA Charitable Foundation
Attn: Betty Murphy
1144 Wehrle Dr., Williamsville, NY 14221