

**CHARLES B. DEGENSTEIN FOUNDATION**

**Application**

Please complete and submit one copy of the following information along with a cover letter for review by the Trust Board of the Foundation. Incomplete information may result in a delay in the evaluation process. Attach additional sheets as necessary to provide complete application information.

The application may be submitted as follows: by fax to (570)286-0210, by email to office@CharlesBDegensteinFoundation.org, or by mail to 43 South Fifth Street, Sunbury, PA 17801.

**General Information**

1. **501(c)(3) Not-for-Profit Organization:**

Provide the name and address of organization as it appears on your IRS tax determination

Letter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Federal Tax ID No.: \_\_\_\_\_

*Note: A copy of the IRS 501(c)(3) tax determination letter **MUST** be attached.*

3. **Contact Information:**

Name of President and/or Chief Executive Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

Contact for Project or Program in Application: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

4. **Organization Information:**

Beginning of fiscal year: \_\_\_\_\_

Total current assets (market value): \_\_\_\_\_

Total current endowment (market value): \_\_\_\_\_

Current annual budget – Income: \_\_\_\_\_ Expenses: \_\_\_\_\_

Date of most recent independent audit: \_\_\_\_\_

Total expenditures for last three years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Project or Program**

1. Name (title) of project or program to be funded: \_\_\_\_\_

2. Purpose of project or program (provide a brief description):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Beginning & ending dates of the project or program:  
\_\_\_\_\_ to \_\_\_\_\_

4. Period for which funding is requested:  
\_\_\_\_\_ to \_\_\_\_\_

5. Total Project/Program Budget: \$ \_\_\_\_\_

6. Amount requested by the Foundation: \$ \_\_\_\_\_

7. Committed or potential funding from other sources (private and public):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **IMPORTANT!** List anticipated outcomes and results of the project or program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Provide a brief summary of plans to maintain the project or program following completion of the grant period:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully submitted:

\_\_\_\_\_  
President and/or C.E.O.

Date: \_\_\_\_\_