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:

_________________________________________ Date: ________________
President and/or C.E.O.