

THE EMERGENCY AID OF PENNSYLVANIA FOUNDATION, INC.

GRANT APPLICATION COVER PAGE MUST BE COMPLETED AND SUBMITTED WITH REPORT

ORGANIZATION NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

CONTACT: _____ TITLE: _____

GRANT AMOUNT REQUEST: _____ COUNTY (S) SERVED: _____

SUMMARY STATEMENT OF YOUR PROPOSED PROJECT

A copy of all the following must be attached to this report:

- | | | |
|-------|--|--------------------------------|
| _____ | List of Officers and Directors | (Grant Outline Section C.1) |
| _____ | List of present and applied for funding and status | (Grant Outline Section 2.e) |
| _____ | Current Agency Operating Budget | (Grant Outline Section C.2.a.) |
| _____ | Proposed Project Budget | (Grant Outline Section C.a.) |
| _____ | Most Recent Audited Financial Statement | (Grant Outline Section C.2.b.) |
| _____ | Most Recent IRS 990 | (Grant Outline Section C.2.c.) |
| _____ | Tax Exempt Form #501 (c) (3) | (Grant Outline Section C.2.d.) |
| _____ | BCO 100 Certificate | (Grant Outline Section E.) |
| _____ | Post Grant or Progress Reports from previous
EA Grants (if they have not been previously submitted) | (Grant Outline Section D.) |

Total number of Board Members: _____

Total number of Employees: Full Time: _____ Part Time: _____ Volunteer: _____

Total annual organizational budget: _____ Dates of fiscal year: _____

Time period this grant will cover: _____ Project or operating budget: _____

Does your organization receive support from the United Way, Combined Health, Arts Council or any government funds?

Please circle: YES NO

If Yes, percentage of total operating budget supported by government funds % _____