

**THE MARY BRADOF FOUNDATION**  
GRANT APPLICATION COVER SHEET

**ORGANIZATION INFORMATION:**

Name of organization: \_\_\_\_\_

Legal name, if different: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Web site \_\_\_\_\_

Name of top paid staff: \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact person regarding this application: \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Is your organization an IRS 501(c)(3) not-for-profit? \_\_\_\_ Yes \_\_\_\_ No

Number of: Board Members \_\_\_\_ Full time Paid Staff \_\_\_\_ Part time Paid Staff \_\_\_\_ Volunteers \_\_\_\_

Date your organization was established \_\_\_\_\_

If selected for a grant, may the Mary Bradof Foundation reference your organization on our website?

\_\_\_\_ Yes \_\_\_\_ No

**BUDGET:**

Dollar amount requested: \$

Total annual organization budget: \$

Total annual funding from federal, state, and/or local government: \$

Total project budget (if grant will not be for general operating): \$

**ATTACHMENTS**

Please provide the following attachments:

- One page briefly describing your organization and its goals, the population you serve, and how a grant from the Mary Bradof Foundation would be used to benefit your target population.
- Financial statement from most recently completed fiscal year, audited if available, showing actual expenses, including balance sheet.
- Copy of your current IRS letter indicating tax-exempt 501(c)(3) status, or equivalent.

**AUTHORIZATION**

Name/ title of top paid staff or board chair: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return your completed application no later than June 1<sup>st</sup> for consideration for the current calendar year. If you are a previous grant recipient, failure to submit a Grant Results Summary will make your organization ineligible for another grant for a minimum of one year. Thank you for your assistance and interest in the Mary Bradof Foundation.**