

Charitable Giving/Grant Application



Date: _____

ORGANIZATION INFORMATION

Name of Organization (as stated on IRS 501(c)(3) letter): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

IRS Tax ID Number: _____

Year organization was established as a 501k (c)(3): _____

Are any BMI Federal Credit Union employees/members involved with your organization?: Yes No

If yes, please list names: _____

CONTACT INFORMATION

Contact Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Name of President, CEO or managing executive: _____

Telephone Number: _____

Email Address: _____

FINANCIAL INFORMATION

Annual Organization Budget: _____

Name of program/project/event for which funding is requested: _____

Budget for the program/project/event for which funding is requested: _____

Date of program/project/event for which funding is requested (if applicable): _____

Requested Amount: _____

Date by which funds are required (if applicable): _____

Major Source of Funding: _____

Top 3 Corporate and/or Foundation Donors

1. _____
2. _____
3. _____

What amount of this project has been secured as of the date of this application?: _____

PROPOSAL SUMMARY

Summarize the mission/purpose of the organization:

Provide a brief summary of the organization's primary programs:

Briefly describe how the requested funds will be used:

FOR OFFICE USE ONLY

Approved Amt. _____ Comments: _____
