The Baker Foundation
110 S. 9th Street, Suite 300
Tacoma, Washington 98402
Phone 253-383-7055
Fax 253-383-7057
Email info@bakerfoundation.org

APPLICATION FOR CAPITAL GRANT

Please provide this information on **Page One**:

- Applicant/Organization: Name:
  Director:
  Address:
  City, State, Zip:
  Phone:
  E-mail:

- Grant Title:
- Amount Requested: Total Project Cost:
- Proposed project period from: to:
- Geographic area served:
- Do you receive funding from your Board?: yes no
  If yes percentage: If no explain:
- Date of 501 (c) (3): Date of 509 (a):
- Mission Statement:
- Signature of Agency Director:
- Signature of Board Officer:

On **Pages Two and Three** please provide a statement of the capital project. This information should be limited to two pages and be an appeal to The Baker Foundation Board for funding.

Attach the following information:

- An additional copy of pages one, two and three
- Copy of the capital campaign budget
- Copy of your 501(c)(3) or 509(a) designation letter
- Identify other sources of funding either current or applied for
- Board List and Resume of agency director (or person in charge of the program)
- Other pertinent information (i.e. method of evaluation, expected results, community impact)

APPLICATION FOR CAPITAL GRANT
Page Two

Please provide a statement of the capital project.

This information should be limited to two pages and be an appeal to The Baker Foundation Board for funding.

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Page Three