

APPLICATION FOR ENDOWMENT GRANT

The Baker Foundation 110 S. 9th Street, Suite 300 Tacoma, Washington 98402

Phone 253-383-7055 Fax 253-383-7057

Email info@bakerfoundation.org

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 how the endowment funds will be used. This information should be limited to <u>two pages</u> 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)

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Page Two

Please provide a statement of how the endowment funds will be used.

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Page Three