



APPLICATION FOR PROGRAM GRANT

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

Phone 253-383-7055
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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:
- Age range of program participants: Number of participants:
- 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 **Page Two** please provide a statement of the project. This information should be limited to one page and be an appeal to The Baker Foundation Board for funding.

Attach the following information:

- An additional copy of pages one and two
- Copy of the program 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

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