

## Henry and Sylvia Yaschik Foundation

### 2017 Grant Application Organization Information

Organization name	
Applicant is a 501 (c) (3) non-profit	
Year founded; year I.R.S. designation	
Organization's EIN (Employer Identification Number)	
Mailing address, city, state, zip code	
Physical address, city, state, zip code	
Telephone number	
Organization's general e-mail address	
Website address	
Executive director (or equivalent)	
Executive director's e-mail address	
Contact person for this grant request	
Contact person's title	
Contact person's e-mail address and telephone number	
This request is for (describe your program in two sentences)	
Dollar amount requested	\$
Total Project/program/activity budget	\$
Annual organizational budget	\$
Applicant Organization's Mission Statement:	

#### Attachments Required

- IRS tax determination letter showing that you are a recognized public charity and that you are not a private foundation.
- Affidavit from a representative of your organization stating that the IRS has not revoked your tax-exempt status or changed that status since the issuance of the tax determination letter.
- A copy of the most recent audited financial statement (if any) of your organization. A copy of the organization's most recent annual report, if available.
- A list of the organization's board of directors or trustees, showing name, corporate title, volunteer title, address, work telephone, and home telephone.

**Organizations which do not report use of funds previously granted by the foundation will be ineligible for future grants until that documentation is provided.**

**Email this completed application form + the budget information requested and the statement required to [2017apps@henryandsylviaschikfoundation.org](mailto:2017apps@henryandsylviaschikfoundation.org) by April 30, 2017.**

**Henry and Sylvia Yaschik Foundation**  
 2017 Grant Application  
 Budget information

Applicant year end: \_\_\_\_\_

Time period for budget below: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Time period for payment: \_\_\_\_\_

<b>Budget Detail</b>	<b>Budget for Project</b>	<b>Annual Budget for Organization</b>
Salaries	\$ _____	\$ _____
Payroll taxes	\$ _____	\$ _____
Fringe benefits	\$ _____	\$ _____
Office space	\$ _____	\$ _____
General overhead	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Consultants/professional fees	\$ _____	\$ _____
Postage	\$ _____	\$ _____
Office supplies	\$ _____	\$ _____
Marketing/communications	\$ _____	\$ _____
Capital expenditures	\$ _____	\$ _____
Total	\$ _____	\$ _____

<b>Revenue Detail</b>	<b>Budget for Project</b>	<b>Annual Budget for Organization</b>
Individual contributions	\$ _____	\$ _____
Corporate contributions	\$ _____	\$ _____
Foundation grants	\$ _____	\$ _____
Government grants	\$ _____	\$ _____
Membership income	\$ _____	\$ _____
Special events	\$ _____	\$ _____
In-kind support	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____

List other foundations that have been asked to fund this project, the amounts requested, and the current status.  
 Add an additional page if necessary.

<b>Foundation</b>	<b>Amount Requested</b>	<b>Status</b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**Please include any additional budget information that may be helpful in reviewing your application. Thank you.**