

Henry and Sylvia Yaschik Foundation
2020 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 2020apps@henryandsylviayaschikfoundation.org by **May 31, 2020.**

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 Budget information

Applicant year end: _____

Time period for budget below: _____

Amount requested: _____

Time period for payment: _____

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

Revenue Detail	Budget for Project	Annual Budget for Organization
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.

Foundation	Amount Requested	Status
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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