

**Henry and Sylvia Yaschik Foundation**  
 2024 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:	

**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 [2024apps@henryandsylviayaschikfoundation.org](mailto:2024apps@henryandsylviayaschikfoundation.org) by April 30, 2024.**

**Henry and Sylvia Yaschik Foundation**  
 2024 Grant Application  
 Budget information

Applicant yearend: \_\_\_\_\_

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.**