

**Henry and Sylvia Yaschik
Foundation 2026 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 2026apps@henryandsylviayaschikfoundation.org by April 30, 2026.

**Henry and Sylvia Yaschik
Foundation 2026 Grant Application
Budget information**

Applicant yearend: _____

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.