

6<sup>th</sup> Ward  
Athletic Association  
Foundation, Inc.

22 West Broadway  
Oneonta, NY 13820  
607/432-4057

---

**GRANT APPLICATION FORM**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Contact person and title

\_\_\_\_\_  
Address and location of applicant

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Web-address

Applicant's purpose in brief: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your organization's officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a 501 [c][3] charitable organization? [Y] [N]

Tax ID number: \_\_\_\_\_

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

When are requested funds needed to support the program? \_\_\_\_\_

Total cost of program that funds are being requested: \_\_\_\_\_

Is the program an annual program? [Y] [N]

Do you anticipate future request for funds? [Y] [N]

How requested funds will be used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other confirmed program funders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will applicant measure program results? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Foundation requires a detailed after action report to include the scope of the planned program, pre program expectations, number of people served, total cost of the program and how Foundation funds were critical to the success of the program. **The report must be received by the Foundation within 30 days of the date of the program.**