



THE ETHEL S. ABBOTT
CHARITABLE FOUNDATION

Grant Application Form

Organization Requesting the Grant

- 1. Legal name of organization _____
- 2. Trade name of organization if applicable _____
- 3. Address of organization _____
- 4. Organization website address _____
- 5. Contact person _____
- 6. Contact person daytime phone number _____
- 7. Contact person email address _____
- 8. Are you exempt under I.R.S. Code Section 501(c)(3)? Yes_____ No_____

If yes, please attach determination letter from the I.R.S.
- 9. Is your organization within the primary grant area? Yes_____ No_____

If no, please give exact location of organization _____

Grant Request

- 10. Total amount of grant request. \$ _____
- 11. Is this a multiple-year request? Yes_____ No_____

If yes, please indicate the number of years for this grant request. _____
- 12. Indicate the starting date for funding of this grant request. _____
- 13. Type of grant request. _____ Capital Grant
 _____ Endowment Grant
 _____ Operating Grant
- 14. Has your organization previously requested a grant from The Ethel S. Abbott Charitable Foundation after October 1, 1992?
 Yes_____ No_____

If yes, please indicate the dates and amounts of your previous grant requests.

Date _____	Amount \$ _____	Date _____	Amount \$ _____
Date _____	Amount \$ _____	Date _____	Amount \$ _____
Date _____	Amount \$ _____	Date _____	Amount \$ _____
- 15. Has your organization changed its name since October 1, 1992? Yes_____No_____

If yes, please provide your previous name _____

16. Please give a summary description of the grant request in the space provided. You may attach a more detailed description of the grant request, but the summary description must be completed.

17. Please give a summary description of the grant request rational in the space provided. You may attach a more detailed description of the grant request rational, but the summary description of the grant request rational must be completed.

18. Budget Summary

- | | |
|---|-------------|
| 1. Total cost of the project associated with this grant request. | \$ _____ |
| 2. Total unrestricted net assets of the organization to be used on this project. | \$(_____) |
| 3. Total temporarily restricted net assets of the organization to be used on this project. | \$(_____) |
| 4. Net cost of the project associated with this grant request to be raised through fund raising. (1 less 2 & 3) | \$ _____ |
| 5. Total amount of other approved grant requests. | \$(_____) |
| 6. Total amount of other pending grant requests. | \$(_____) |
| 7. Net cost of the project associated with this grant request after other grant requests. (4 less 5 & 6) | \$ _____ |
| 8. Total amount of the grant request from The Ethel S. Abbott Charitable Foundation | \$(_____) |
| 9. Net cost of the project remaining after all grant requests. (7 less 8) | \$ _____ |

If Line 9 shows a net cost of the project remaining after all grant requests, please state your plan for securing the funding necessary to cover the amount reflected on Line 9.

If you are submitting an operating grant request, reflect the program revenue on Line 2 of the budget summary and if Line 9 shows a net cost of the program remaining after all grant requests, please state your plan for securing the funding necessary to cover the amount reflected on Line 9 on an annual basis.

19. Financial Information

Each organization requesting a grant must provide the last year end financial statements and the most recent current year financial statements. The financial statements should be in compliance with AICPA guidelines for not-for-profit organizations. Financial statements prepared by a Certified Public Accountant are preferred. However, the financial statements do not have to be audited, compilation and review financial statements are acceptable. The financial statements must be complete, including all applicable footnotes.

Please provide the following information from your last year end financial statements.

1. Cash, Bank Accounts and Short-Term Investments (Less than 1 year)	\$	_____
2. Accounts and Pledges Receivable		_____
3. Long-Term Investments (Over 1 year)		_____
4. Net Book Value of Depreciable Assets		_____
5. Land and Land Improvements		_____
6. Other Assets		_____
7. Total Assets (Sum of Lines 1 thru 6)	\$	=====
		(Must Equal Line 20)
8. Short-Term Liabilities (Less than 1 year)	\$	_____
9. Long-Term Liabilities (Over 1 year)		_____
10. Total Liabilities (Sum of Lines 8 & 9)	\$	_____
11. Unrestricted Net Assets represented by Line 1		_____
12. Unrestricted Net Assets represented by Line 2		_____
13. Unrestricted Net Assets represented by Line 3		_____
14. Unrestricted Net Assets represented by Line 4		_____
15. Unrestricted Net Assets represented by Line 5		_____
16. Unrestricted Net Assets represented by Line 6		_____
17. Total Unrestricted Net Assets (Sum of Lines 11 thru 16)	\$	_____
18. Total Temporarily Restricted Net Assets		_____
19. Total Permanently Restricted Net Assets		_____
20. Total Liabilities and Net Assets (Sum of Lines 10,17,18 & 19)	\$	=====
		(Must equal Line 7)

If you have any temporarily restricted net assets listed on line 18, please describe the restriction in the space provided.

If you have any permanently restricted net assets listed on line 19, please describe the restrictions and what happens to the investment income produced by these permanently restricted net assets in the space provided.

