PISTAKEE BAY
Charitable Foundation
PROVIDING SUPPORT TO SERVE & BENEFIT OUR COMMUNITIES

GRANT OPPORTUNITY APPLICATION

Applicant Organization Information:

Name _____ 501(c)(3) ? Yes _____ No _____

Address _____

Phone _____ Website _____

Name and title of individual submitting application: _____

Mission Statement of organization _____

_____

Year organization founded _____ Annual budget of organization _____

PROGRAM INFORMATION

Describe the program for which funding is requested (100 words or less): _____

_____

_____

Amount requested _____ Capital Project? Yes _____ No _____

Eligible for matching funds? Yes _____ No _____ Name of match organization _____

List collaborating partners, if any _____

Program category (check all that apply)

_____ Education
_____ Land Use and Environment
_____Health
_____ Fine Arts
_____ Social Services
_____ Other (please specify):_____
_____ Recreation
_____ Community Enrichment

Geographic location served by program: _____

Target population/demographic served by program: _____

Approximate number of people served by program: _____