

Charitable Leadership Foundation

Return completed form and two copies to: 747 Pierce Road, Clifton Park, NY 12065

1.) Organization's legal name _____
Also known as _____
Address _____
Year Organized _____ # of full time employees _____ # of Part time employees _____

2.) Briefly describe the purpose and services of your organization.

3.) Project/Program title _____
Amount requested _____ to be expended between _____ and _____

Briefly describe your project, separately addressing the following: the problem the project seeks to address; the long-term goals of the project; the short-term objectives, outcomes and milestones you anticipate for the project; the activities you will undertake; and, how you will monitor and evaluate the project.

If this project will continue beyond the period covered by the proposed grant, how will it be funded?

Please attach: a project budget and a list of your Board of Directors and people who would be responsible for the management of the project (including their experience in managing this type of program/project) to the original and each of the two copies. Please include in your application package one copy each of your most recent financial audit or statement and your IRS 501 (c) (3) letter.

Please indicate how much funding you have received from New York State or entities affiliated with New York State for the last three fiscal years (by year):

We the undersigned, if awarded a grant, agree to use it only to conduct the above-described project, to return any unused portion within the grant period and to comply with all requirements set forth in the grant agreement and the grant approval letter. We further agree to report on the use of grant funds and the results of the project.

Board President – name and phone _____

Date _____ Signature _____

Project Manager – name and phone _____

Date _____ Signature _____