

# Albert S. and Mary Guiles Krieger Foundation

## Grant Application

c/o C&N Wealth Management, Trustee

P. O. Box 58

Wellsboro, PA 16901

(570)724-0243 or (800) 487-8784

[Please verify that your request is consistent with the Mission of the Foundation.]

**Mission:** *This Trust and Foundation is created and shall be operated exclusively for religious, charitable, scientific, literary, environmental and educational purposes or for the prevention of cruelty to children or animals within the geographic areas of the Lawrenceville Borough, Tioga Borough and the Townships of Lawrence, Tioga and Jackson, located in the County of Tioga and Commonwealth of Pennsylvania.*

After the above foundation receives a request for a grant application, a copy of this application will be mailed to the Applicant. **The Applicant should return the completed application to the foundation at the above address provided.** The directors of the foundation will review the application and make a determination for the grant distribution at their next regularly scheduled meeting.

### Instructions:

- (a) All questions must be completed, if applicable.
- (b) Applicant must be recognized by the Internal Revenue Service as a public charity with a 501 (c)(3) Determination Letter in order for the Applicant to be considered by the Trustees. A copy of the applicant's IRS Determination Letter, including Applicant's charitable status must be attached to the Application.
- (c) If your organization is required to file IRS Form 990, please submit the most recent copy. If organization is not required to file IRS Form 990, please submit most recent audit or current budget.
- (d) For capital projects please submit a minimum of two bids for any grant requests in excess of \$1,000.
- (e) A representative from your organization may be asked to meet with the Directors of the foundation before your request is considered.

**Date of Application:** \_\_\_\_\_

**Name of Applicant Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street or PO Box City State Zip

**EIN:** \_\_\_\_\_  
Federal Taxpayer I.D. #

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Person Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**List All Directors/Trustees:**

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Is your organization an IRS 501 (c) (3) not-for-profit?  Yes  No  
[Attach IRS Determination Letter]

Summarize your organization's mission: \_\_\_\_\_

Total Cost of Project: \$ \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

PROPOSED USE OF REQUESTED FUNDS: \_\_\_\_\_

Amount Requested from the Krieger Foundation: \$ \_\_\_\_\_

Anticipated Completion Date of your project: Month \_\_\_\_\_, Year \_\_\_\_\_  
(If you anticipate that your proposed project cannot be completed during this calendar year, provide explanation here:

**FINANCIAL INFORMATION:**

List other private and public funding sources for this particular request:

**RECEIVED:**

Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

**PENDING:**

**Funding Source:** \_\_\_\_\_ **Amount Requested:** \$ \_\_\_\_\_

**Anticipated Receipt Date:** \_\_\_\_\_

**Funding Source:** \_\_\_\_\_ **Amount Requested:** \$ \_\_\_\_\_

**Anticipated Receipt Date:** \_\_\_\_\_

**Funding Source:** \_\_\_\_\_ **Amount Requested:** \$ \_\_\_\_\_

**Anticipated Receipt Date:** \_\_\_\_\_

**For applicants that are exempt from filing IRS Form 990, please supply the following information:**

**Gross Value or Net Worth of Applicant:** \$ \_\_\_\_\_

**Annual Gross Income:** \$ \_\_\_\_\_

**Major Sources of Income:** \$ \_\_\_\_\_

**Total Debt (including credit card):** \$ \_\_\_\_\_

**Over the past five (5) years has the applicant ever received monies from any other Foundation? Yes \_\_\_ No \_\_\_.** If so, indicate the following: **Foundation, Date, Purpose, and Amount Received:**

<b>Name:</b>	_____	_____	_____	_____	<b><u>Purpose</u></b>
<b>20</b>	\$ _____	\$ _____	\$ _____	\$ _____	_____
<b>20</b>	\$ _____	\$ _____	\$ _____	\$ _____	_____
<b>20</b>	\$ _____	\$ _____	\$ _____	\$ _____	_____
<b>20</b>	\$ _____	\$ _____	\$ _____	\$ _____	_____
<b>20</b>	\$ _____	\$ _____	\$ _____	\$ _____	_____

**Applicant will be notified of the action taken by the Administrative Committee. If a grant is awarded you will be notified of the amount and the terms of your grant. Following completion of the project, you will be required to submit a Grant Compliance Form.**

**If the project is not completed or is terminated, notify the Foundation immediately. If an applicant ceases to exist, and it possesses property purchased with Foundation money, said property may be required to be returned to the Foundation. The Applicant hereby agrees that it will furnish any and all additional information required by the foundation in connection with the grant request, and if applicable, will allow representatives of the Foundation to visit the premises involved with the grant for inspection at any reasonable time.**

**Respectfully Submitted By:** \_\_\_\_\_  
NAME OF ORGANIZATION

**By:** \_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE TITLE

**Attest:** **By:** \_\_\_\_\_  
SIGNATURE SECRETARY OF ORGANIZATION

**Applications are due February 15th of the current year.**