

**William and L.R. Gale Community Foundation
a/k/a Galeton Foundation
Grant Application**

Galeton Foundation
c/o C&N Wealth Management, Trustee
P. O. Box 58
Wellsboro, PA 16901
(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 and educational purposes or for the prevention of cruelty to children or animals within the geographic areas of the Borough of Galeton and its environs but all within the County of Potter 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 Administrative Committee 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 Administrative Committee. 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, contingent to award.
- (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:

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

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Is your organization an IRS 501 (c) (3) not-for –profit? Yes No

Summarize your organization’s mission: _____

Total Cost of Project: \$ _____

Total Amount Requested: \$ _____

PROPOSED USE OF REQUESTED FUNDS AND HOW IT WILL BENEFIT GALETON:

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:** _____

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:

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

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, 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