

# Baker Foundation TUW

## Grant Application

Baker Foundation  
c/o Citizens & Northern Bank Trust & Financial  
Management Group  
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 youth-based charitable, scientific, literary or educational purposes, or community benefits *within the geographic areas in the vicinity of Deerfield Township and its environs but all within 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 Administrative Committee of the foundation will review the application and make a determination for the grant distribution at their next regularly scheduled meeting. Applications will be reviewed twice a year with deadlines being April 1<sup>st</sup> and October 1<sup>st</sup> of the current year.

### 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 Baker 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

**Is your organization an IRS 501 (c) (3) not-for-profit?**  Yes  No  
**If yes, please make sure a copies are attached per (b) of the Instructions on page 1.**

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

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

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

**PROPOSED USE OF REQUESTED FUNDS AND HOW IT WILL BENEFIT THE COMMUNITY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION:**

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

**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:** \_\_\_\_\_

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