

O'CONNOR FOUNDATION
APPLICATION FORM

Phone (607) 538-9248 Fax (607) 538-1650
Email office@theoconnorfoundation.org Web www.theoconnorfoundation.org

YOUR ORGANIZATION:

DATE _____

NAME:

ADDRESS:

PROOF OF TAX EXEMPTION - attach an Internal Revenue Service Exemption Letter (Form 1045); or if your organization is part of a municipality, attach a copy of the Minutes forming the organization

FOUNDERS:

CURRENT OFFICERS:

MEMBERSHIP: (actual number) Active _____ Inactive _____ Total _____

CORPORATE PURPOSE:

PRINCIPAL ACTIVITY:

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ORGANIZATION'S ANNUAL BUDGET - Summarize the last two year's balance sheets and income statements to show sources of income, expenses, reserves, and savings. NOTE - THESE ARE TO BE SUMMARIZED ON THIS PAGE ONLY.

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THIS PROPOSAL

CONTACT PERSON:

ADDRESS:

PHONE:

SUMMARY OF THIS PROPOSAL AND THE NEED OR PROBLEM IT ADDRESSES:

PROJECT COST - EXPLAIN WITH DETAILED BUDGET - SHOW ANY LOCAL, STATE
OR FEDERAL SUPPORT

AMOUNT OF O'CONNOR FOUNDATION GRANT PROPOSED

\$ _____

TIME SCHEDULE TO CARRY OUT PROJECT - INCLUDING FUNDING SCHEDULE

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GOALS AND OBJECTIVES OF THIS PROPOSAL:

SPECIFIC DETAILED EXPLANATION OF METHODS TO ACHIEVE PROPOSED OBJECTIVES:

WHAT WILL BE THE LONG-TERM BENEFIT OF THIS PROPOSAL?

EVALUATION - HOW WILL SUCCESS OF THE PROJECT BE MEASURED –
(over what time period and by what means)?

HOW WILL PROJECT BE FINANCED IN THE FUTURE?

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HAS THIS PROPOSAL BEEN OR IS IT BEING CONSIDERED BY OTHER FUNDING SOURCES?

DOES THIS PROJECT DUPLICATE ANY EXISTING SERVICE OR AGENCY?

WHY IS YOUR ORGANIZATION QUALIFIED TO UNDERTAKE THIS WORK?

LIST QUALIFIED INDIVIDUALS WHO ENDORSE THE PROJECT: (names & addresses)