
SAG HARBOR PARTNERSHIP GRANT APPLICATION

Date of application: _____

Name of organization to which grant would be paid. Please list exact legal name:

Purpose of grant (one sentence): _____

Address of organization: _____

Telephone number: _____ Fax: _____ E-mail: _____

Executive director: _____

Contact person and title (if not executive director): _____

Is your organization an IRS 501(c)(3) not-for-profit? (yes or no): _____

If no, please explain: _____

Grant request: \$ _____

Check one (based on the organization's priorities and the funder's guidelines):

General support _____

Project support _____

Total organizational budget (for current year): \$ _____

Dates covered by this budget (mo/day/year): _____

Total project budget (if requesting project support): \$ _____

Dates covered by project budget (mo/day/year): _____

Project name (if applicable): _____