



14 Harvard Street ♦ Worcester, MA 01609 ♦ Telephone 508-753-5531 ♦ Fax: 508-798-9415 ♦ theschwartzfoundation.org

APPLICANT PROPOSAL

to be submitted by all applicants

Please print, complete and return to the above address.

If you require additional space please attach a separate page.

Must be signed by the Chief Executive Officer.

1. Your Name: _____

Organization: _____

Your Position: _____

Business Mailing Address: _____

Contact Address (if different): _____

Telephone Number(s): _____

Email Address: _____

2. Please describe your organization.

3. **a.** Describe briefly how the funds will be used.

b. Please explain how this will further your tax-exempt purposes.

4. Describe how the project or needs will be financed in the future.

5. What do you anticipate the result of the gift will be?

6. What is the amount you are seeking?

7. Please attach the following:

- a. The name, address and phone number of all active Board members.
- b. Letter issued by the **Internal Revenue Service** identifying your organization as tax exemption under IRC 501(c)(3). (This requirement will **NOT** be satisfied by the submission of any other documentation, for example state tax exemption certification)
- c. The most recent annual report, including audited financial report.
- d. The **Financial Information Form**, which **must** be submitted by all applicants (Link is available on website).

8. How did you hear about the Schwartz Charitable Foundation?

9. Have you previously made application to the Schwartz Charitable Foundation for a grant? If so, when and under what name?

10. Are you affiliated with any other organization that receives grant funding from the Schwartz Charitable Foundation? If so, please list.

Date

*Chief Executive Officer Signature

Printed Name

***ALL** applications that are submitted **MUST** be signed by a Chief Executive Officer

FAILURE TO SUBMIT A COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION AND/OR DENIAL.