

BERNICE GOULD MEMORIAL FUND APPLICATION

(Name of organization making application)

(Telephone No.)

(Street address/Route No./ Box No.)

(Email Address)

(City, State and Zip Code)

(Date of Request)

1. DESCRIPTION OF PROJECT Include the intent of the project, whom it will benefit in what way and specifically how the requested funds will be used.

2. PROJECT STATUS (Which of the following conditions applies best to the project?)

- A. () A new undertaking by your organization.
- B. () The expansion of an existing program.
- C. () An ongoing program.
- D. () Other (please explain)

3. PROJECT FINANCING

- A. Are other organizations also being approached for financial support of the project? No () Yes ()
Any feeling on the amount of support from others.
- B. If item 2-A or 2B above is checked, when do you expect to achieve self-supporting status for the project?
- C. If item 2-C above is checked, please tell why a grant is now required. How was this supported in the past?
- D. Have you at any previous time applied for a grant from the Gould Fund?
No () Yes () When ()

4. PROJECT JUSTIFICATION

- A. If a new or expanded project, how was the need determined?
- B. Does it duplicate or overlap the services of other organizations?
- C. Does the project meet a one-time need or will the project continue indefinitely?
- D. If the project will go on indefinitely will your organization continue to furnish administrative support?

5. ORGANIZATION INFORMATION

- A. Are you a recognized charitable or non-profit organization? _____
How long in existence? _____
- B. Are you a completely independent organization? If not, with whom are you affiliated or under whose auspices do you operate? What financial support is provided by parent organization?
- C. Please provide names and titles of officials of your organizations (Board of Directors/Trustees, Officers), indicating salaries if paid.

6. ABOUT US

- A. How did you learn of the Gould Fund? (Give name of person or organization and location.)

- B. From whom did you receive the application form?

7. CONTACTS

Who in your organization may we contact for further information/data concerning this project or your organization? Please Furnish name, title, mailing address and telephone number.

8. GOULD FUND GRANT

- A. How much financial support are you requesting from the Bernice Gould Memorial Fund?

- B. How many people does this project affect? _____
- C. Is this a one-time need? No () Yes ()
- D. Would you be in a position to accept financial support from the Gould Fund on a "matching grant" basis.

9. SUPPORTING DOCUMENTS

It will be most helpful if you will provide us with the following when you return the completed application

- A. A copy of your latest available financial report, showing sources of income and expenses by category.
- B. A copy of your budget projections (capital and operating) for the year in which the funds for this project would be utilized.

10. TRANSMITTAL

Please mail the completed application and any pertinent other documents as follows:

Allocations Committee Bernice Gould Memorial Fund
St. Paul's Episcopal Church
200 Jefferson Ave.
Endicott, NY 13760

11. SIGNATURES

This application must be signed by either the Chief Executive Officer (CEO) or Treasurer of the organization, showing name and title on the spaces indicated.

(Name)

(Title)