



Eastern Bergen County
REALTORS® Care Foundation
 2015 Grant Application

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|---|---|
| Legal Name of Organization | Employer Tax ID# (EIN) |
| Physical Location | Mailing Address |
| Phone Number | Organization Website |
| Chief Executive Officer | CEO Email Address |
| Organization President | President Email Address |
| Approximate Number of Persons Served Annually | |
| Number of Volunteers | Number of Employees |
| Geographic Area Served | |
| Mission and Service of Organization (Attach additional page if necessary) | Project for which Funds are Requested (Attach additional page if necessary) |
| Amount requested \$ | Timeframe in which Funds will be Spent From _____ To _____ |
| <p>Applications should be mailed to REALTORS Care Foundation 411 Route 17 South 5th Floor Hasbrouck Heights, NJ 07604</p> <p style="text-align: right;">Application Due Date: Friday, October 30, 2015</p> <p>Document Checklist to include with Grant Application</p> | |
| <input type="checkbox"/> 2014 Audited Financial Statements <input type="checkbox"/> IRS 501c(3) IRS Confirmation Letter <input type="checkbox"/> List of Directors or Trustees <input type="checkbox"/> 2014 Annual Report | <input type="checkbox"/> Project Evaluation Criteria <input type="checkbox"/> Project Budget for Requested Funds <input type="checkbox"/> Current Funding Sources |

 CEO/President Signature

 Date