



Greater Bergen REALTORS®  
 REALTORS® Care Foundation  
 411 Route 17 South, 5<sup>th</sup> Floor  
 Hasbrouck Heights, NJ 07604

## 2021 Grant Application

Legal Name of Organization	Employer Tax ID# (EIN)		
Physical Location	Mailing Address		
Phone Number	Organization Website		
Chief Executive Officer	Contact Info for Grant Writer (name/ phone number)		
Previously Applied for Grant: (YES ___ NO ___ ) If Yes, which years:	Referred By (Optional)		
Approximate Number of Persons Served Annually			
Number of Volunteers	Number of Employees		
Geographic Area Served:	How Many People Will Benefit from This Grant?		
Mission and Service of Organization (Attach additional pages if necessary; If attached, must identify page number)	Project for Funds. Must be specific ( <u>general operating funds such as staff salary is not applicable</u> ).		
Amount Requested \$	Timeframe in which Funds will be Spent: From _____ To _____		
Applications should be mailed to: REALTORS Care Foundation 411 Route 17 South, 5 <sup>th</sup> Floor Hasbrouck Heights, NJ 07604			
<b style="background-color: yellow;">Application Due: 5PM Friday, October 29, 2021</b>			
<b>DOCUMENT CHECKLIST TO INCLUDE WITH GRANT APPLICATION:</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 2020 Audited Financial Statements  <input type="checkbox"/> IRS 501c(3) IRS Confirmation Letter  <input type="checkbox"/> List of Directors or Trustees  <input type="checkbox"/> 2020 Annual Report         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Project Evaluation Criteria  <input type="checkbox"/> Itemized Project Budget for Funds  <input type="checkbox"/> Current Funding Sources         </td> </tr> </table>		<input type="checkbox"/> 2020 Audited Financial Statements <input type="checkbox"/> IRS 501c(3) IRS Confirmation Letter <input type="checkbox"/> List of Directors or Trustees <input type="checkbox"/> 2020 Annual Report	<input type="checkbox"/> Project Evaluation Criteria <input type="checkbox"/> Itemized Project Budget for Funds <input type="checkbox"/> Current Funding Sources
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\_\_\_\_\_  
 CEO/Authorized Representative Signature

\_\_\_\_\_  
 Date

**Note: This Grant Application Page is mandatory and must be completed & submitted with all grant requests.**