

**FINAL GRANT APPLICATION FORM  
THE GALESKI FAMILY FOUNDATION, INC.  
COVER SHEET**

Date \_\_\_\_\_

**PART I: ORGANIZATIONAL INFORMATION**

Legal Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Taxpayer ID: No. \_\_\_\_\_

Grant Type:            \_\_\_\_\_ Operating  
                                 \_\_\_\_\_ Capital

Grant Title: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Projected Use of Funding. (Please list objectives, total cost, projected completion of project, and other pertinent information. If necessary, another page may be attached.)

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## **Part II: Required Information**

Please include the following information in your typewritten proposal, in the following order:

1. \_\_\_\_\_ Your organization's mission
2. \_\_\_\_\_ A description of the proposal project
3. \_\_\_\_\_ A listing of officers and board members, including their affiliations
4. \_\_\_\_\_ A list of your organization's objectives for the current fiscal year
5. \_\_\_\_\_ A summary of last year's major accomplishments
6. \_\_\_\_\_ For a program grant, itemize program revenues and expenses specify a program time line, and indicate plans for future funding

## **Part III: Required Attachments**

Please enclose the following information with this application:

- \_\_\_\_\_ List of corporate/foundation donors (including grant amounts)
- \_\_\_\_\_ Your organization's operating budget for the current budget year
- \_\_\_\_\_ Most recent audited, reviewed or compiled financial statement, if any
- \_\_\_\_\_ A copy of the Internal Revenue Service ruling granting tax exemption under 501 (c)(3) and 509(a) of the Internal Revenue Code
- \_\_\_\_\_ Your most recent Form 990 (including Schedule A)
- \_\_\_\_\_ An affidavit from the chair of your Board of Directors certifying that the Internal Revenue Service has not revoked or changed your Organization's tax exempt status since the issuance of the favorable IRS ruling

**Part IV: Financial Information**

Annual Revenues (last budget year)

\$\_\_\_\_\_ Annual Expenses (last budget year)

\$\_\_\_\_\_

Primary Revenue Sources: (last budget year)

Government: \$\_\_\_\_\_

United Way: \$\_\_\_\_\_

Corporations: \$\_\_\_\_\_

Foundations: \$\_\_\_\_\_

Earned (Sales/Fees): \$\_\_\_\_\_

Other: \$\_\_\_\_\_

Certification of Information: \_\_\_\_\_

Signature of Authorized Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Applications are accepted and reviewed on an ongoing basis. Phone and/or mail will make notifications.

**The completed application form and required attachments should be sent to:**

**Michelle L. Galesi**

**galesifamilyfoundation@gmail.com**

**Do not write below this line.** \_\_\_\_\_

Application # '12 - \_\_\_\_\_

Date of permission to release funds \_\_\_\_\_

Amount \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

**President or Secretary**