

THE HYDE AND WATSON FOUNDATION
31-F Mountain Boulevard, Warren, New Jersey 07059

GRANT APPLICATION FORM

Date of Application: _____

Legal Name of the Organization: _____

What is the primary purpose/mission of the organization? (Please summarize in no more than two lines)

Organization Mailing Address: _____

Executive Director: _____

Telephone Number: _____ Extension: _____

Contact Person and Title (if not Executive Director): _____

Contact's Telephone Number: _____ Extension: _____

Purpose of Grant: (Please summarize in no more than two lines) _____

Amount requested for the project:\$ _____

Total cost of the project:\$ _____ Amount raised for the project:\$ _____

_____ I have attached a copy of letter from the Internal Revenue Service which states that this organization is tax exempt under Section 501(c)(3) of the Internal Revenue Code, and also identifies its status under the subsections of Section 509(a) of the Internal Revenue Code.

_____ I confirm that this organization is in compliance with all mandatory Federal and State Tax and filing requirements.

Signature and Title of an authorized official
requesting the grant on behalf of the applicant's governing board

Date