

The Haddonfield FOUNDATION

GRANT APPLICATION

This form is intended to provide assistance both to the prospective applicant and to The Haddonfield Foundation to evaluate request for financial supports. Please provide as much information as possible, and use additional sheets if necessary.

Name of Organization _____

Contact Person _____

Address _____

Phone Number _____

E-mail Address _____

Date Organization Began _____

Purpose of Organization _____

Amount of Grant Sought _____

Intended Use of Grant _____

Individuals Served by the Organization *(please be specific, particularly with regard to Haddonfield residents served, per The Haddonfield Foundation's Bylaws)* _____

If Different, Identify Individuals to be Served By Grant _____

Identify Names and Addresses of Other Officers or Executive Committee of the Organization

Describe Fundraising Efforts in the Past _____

Describe Future Fundraising Efforts _____

Provide a Breakdown of Both Expenses and Anticipated Income Including Source for Last Year and Current Year _____

Any Other Comments Regarding Why You Are Seeking Assistance From the Haddonfield Foundation _____

Please feel free to attach any relevant documentation.

THE HADDONFIELD FOUNDATION IS UNABLE TO ACCEPT ONLINE APPLICATIONS AT THIS TIME. PLEASE PRINT AND RETURN THE COMPLETED APPLICATION TO:

**The Haddonfield Foundation
P.O. Box 555
Haddonfield NJ 08033**

All requests for grants from The Haddonfield Foundation Trustees are determined at meetings which are held on a quarterly basis. You will be notified of The Foundation's decision following a quarterly meeting, either in writing or by a telephone call.