



## APPLICATION FOR GRANT

The Baker Foundation  
1201 Pacific Avenue, Suite 1475  
Tacoma, Washington 98402  
Phone 253-383-7055  
Fax 253-383-7057  
Email info@bakerfoundation.org

Please provide this information on **Page One**:

- Applicant: Organization: Name: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- Grant Title: \_\_\_\_\_
- Amount Requested: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_
- Proposed project period from: \_\_\_\_\_ to: \_\_\_\_\_
- Age range of program participants: \_\_\_\_\_ Number of participants: \_\_\_\_\_
- Geographic area served: \_\_\_\_\_
- Do you receive funding from your Board?: yes/no  
If yes percentage: \_\_\_\_\_ If no explain: \_\_\_\_\_
- Date of 501 (c) (3): \_\_\_\_\_ Date of 509 (a): \_\_\_\_\_
- Mission Statement: \_\_\_\_\_  
\_\_\_\_\_
- Signature of Agency Director: \_\_\_\_\_
- Signature of Board Officer: \_\_\_\_\_

On **Page Two** please provide a statement of the project. This information should be limited to one page and be an appeal to The Baker Foundation Board for funding.

**Attach** the following information:

- An additional copy of pages one and two
- Copy of the program budget
- Copy of your 501(c)(3) or 509(a) designation letter
- Identify other sources of funding either current or applied for
- Board List and Resume of agency director (or person in charge of the program)
- Other pertinent information (i.e. method of evaluation, expected results, community impact)