



APPLICATION FOR GRANT

The Baker Foundation
110 S. 9th Street, Suite 300
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)