

Gladys Brooks Foundation Grant Application

Instructions: Please read and follow these instructions carefully as incomplete applications or those not properly completed will not be considered for funding.

1. All information must be furnished on this 2-page application (which includes these instructions)
2. In addition to the application, provide the following supporting documents:
 - a. Latest financial statements, certified by your auditors, for the applicant organization
 - b. Specific budget for the project
 - c. Annual report or brief description of your organization
3. If the applicant supports another organization, for example, a hospital supported by a Foundation applicant, the documents required in Item 2 above must be furnished for both organizations. Furthermore, the supporting organization applicant must be a Type I, Type II, or functionally integrated Type III supporting organization. Foundation applicants must represent only a single institution.
4. Only information requested should be forwarded at this time. No material will be returned.
5. Print out and sign 2 copies of the completed application. Include one copy of all supporting documentation. Mail to
 - The Gladys Brooks Foundation
 - 1055 Franklin Avenue Suite 208
 - Garden City, NY 11530
6. Completed application and supporting documentation must be postmarked no later than 44 days after the request date. Applications requested on or after _____ must be postmarked by _____.

Inquiries about this application should be made to Mrs. Kathy Petry by email (kathy@gladysbrooksfoundation.org) or phone (516-746-6103).

It is the policy of the Foundation not to acknowledge receipt of the grant application or indicate the reason for the action of the Board. Approved grants are processed and paid throughout the year. Usually all Second Round Questionnaires are sent out by the end of September.

Name of Applicant:

Amount of Grant Request:

Purpose of Grant:

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Indicate how this project meets the Foundation's requirements as set forth in the Foundation's general policies and scope of grant requirements. Please include estimated number of people who will use the proposed facility, i.e. general public, students, faculty, patients, etc.

If the grant covers a discrete component of a larger project, give a brief description of the larger project.

Please state commencement and estimated completion date of project for which grant is requested. Also state the approximate date funds will be needed.

Indicate source and amount of funds, pledges and cash which you presently have available and formally committed to this discrete project.

What is the percentage of your total departmental fundraising expenses to the amount of total departmental funds raised? For example, if funds raised amounted to \$400,000 and fundraising expenses were \$72,000, the percentage would be 18%.

Information for individual acting on behalf of organization:

Name
Address

Telephone Number
City, State, Zip

Signature

Title

Date Submitted