

THE WILLIAM B. O'ROURKE FOUNDATION

GRANT APPLICATION

Name of Applicant: _____

Address: _____

Applicant is a Non-Profit Corporation Other _____

Tax Status of Applicant §501(c)(3) Other _____

If Applicant is a §501(c)(3) entity, are you considered "publicly supported" by the IRS? Yes No

Federal Tax ID Number: _____

Contact Person: _____ Phone: (____) _____

Grant Request: \$_____ General Support Project Support

Summary of Proposed Use of Grant Funds: _____

VERIFICATION

The undersigned, a duly authorized representative of Applicant, hereby verifies that all information and documentation submitted with this Grant Application is accurate.

Signature

Date

Title