

THE PABIS FOUNDATION



1380 Soldiers Field Road • Boston, MA 02135-1023

THE PABIS FOUNDATION GRANT APPLICATION For Organizations

1. Date of Proposal: _____
2. Name of Organization: _____
3. Address: _____
City _____ State _____ Zip Code: _____
E-Mail Address: _____
4. Phone Number: _____ Ext. _____
Fax Number _____
5. Contact Person: _____
(Full Name, Title)
6. Tax ID/Registration #: _____ 501 c(3) Date: _____
7. Please attach a copy of your organizations 501(c)(3) determination letter.
8. Your Organization's Information:
Date Established: _____
Organization Background: (Attach a separate sheet if needed)
9. Amount Requested: \$ _____

10. Brief Description of Request (*What exactly are you requesting funding for?*): (Attach a separate sheet if needed)

11. Program Area: _____
(Assistance for children from dysfunctional families, domesticated animal welfare, public land preservation, or environmental education programs for grade school children)

12. Project/Request Description: (Attach a separate sheet if needed)

13. Geographic Area(s) Served: _____

14. Client Population Served: (Specifics please - i.e., age groups, children, elderly, homeless, disabled, etc.)

15. Number of Individuals served: _____

16. Organization's Annual Budget: \$ _____

- a) Last Fiscal Year Total Revenue: \$ _____
- b) Last Fiscal Year Total Expenses: \$ _____
- c) Administrative Expense Ratio to Total Budget: \$ _____
- d) Last Fiscal Year Total Assets: \$ _____
- e) Last Fiscal Year Total Debt: \$ _____
- f) Name and Address of your Auditor/CPA:

17. Total Project Budget (If applicable): \$ _____

Human Resources Costs: \$ _____

Program Costs: \$ _____

Program Shortfall: \$ _____

18. Three Major Funders of your organization:

1. _____

2. _____

3. _____

19. Confirmed Funders for this Program/Project (If applicable):

1. _____

2. _____

3. _____

Name of Applicant & Title

Date

This form may be emailed to: info@ThePabisFoundation.org

Use this page for additional comments if needed: