Emporium Foundation, Inc. 2020 Grant Application

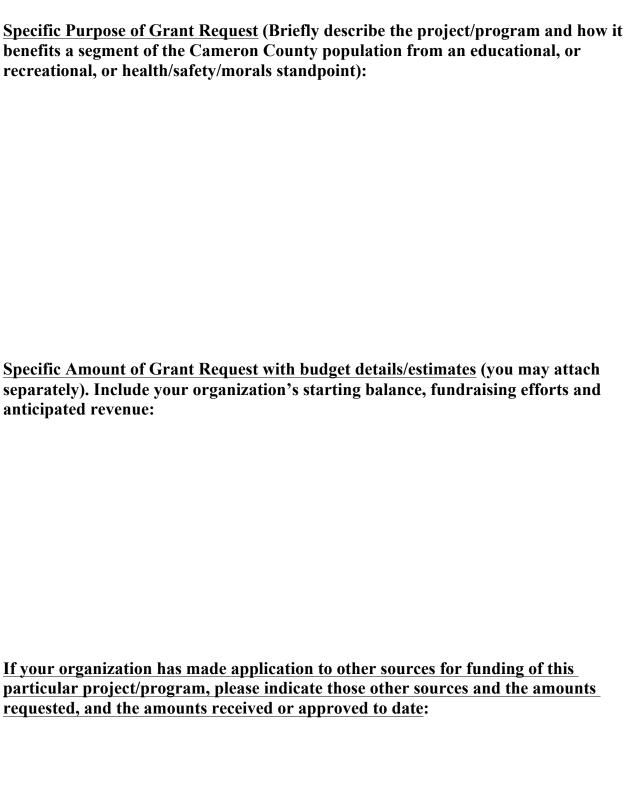
Return Signed/Dated Original to: Emporium Foundation, Inc. c/o E.W. Tompkins, Administrator P.O. Box 31, Emporium, PA 15834 {+ e-mail copy to address below}. For questions: Contact – EFI Administrator/Secretary E.W. Tompkins at (814) 486-1532 or ewtompkinslaw@gmail.com

486-1532 or ewtompkinslaw@gmail.com Or refer to EFI's website: www.emporiumfoundation.org
Date of Your Request:
{* Required Contact Information}
Name and Address of Requesting Organization:
*Organization Official/Legal Name:
*Street/Mailing Address:
*City, State, Zip:
Contact Information of Organization Representative:
*Representative Name:
*Telephone #:
Mobile #:
*E-mail Address:
Geographical Area(s) Covered by Requesting Organization:

Mission/Goal Statement of Requesting Organization:

Does your organization have an IRS 501(c)(3) or (4) designation:

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-	the grant you are requesting <u>does not</u> lestions, and sign/complete <u>only</u> the b	_
what other	issue(s) to be addressed or the urgent organizations in your area provide se es/needs, and also what is unique abou :	rvices to address the same or
demographi	short term and long term objectives/gic target and the number of persons the will serve upon implementation):	
Outline how	the desired outcomes will be measur	ed and indicate by whom:
Describe the	e anticipated time period to carry out	this project/program:
Briefly desc future:	ribe how your organization will susta	in this project/program in the
Signature:	By:	
	Name:	Title: