

**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](mailto:ewtompkinslaw@gmail.com)  
Or refer to EFI’s website: [www.emporiumfoundation.org](http://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:**

*Page 2*

**Specific Purpose of Grant Request (Briefly describe the project/program and how it benefits a segment of the Cameron County population from an educational, or recreational, or health/safety/morals standpoint):**

**Specific Amount of Grant Request with budget details/estimates (you may attach separately). Include your organization's starting balance, fundraising efforts and anticipated revenue:**

**If your organization has made application to other sources for funding of this particular project/program, please indicate those other sources and the amounts requested, and the amounts received or approved to date:**

**{NOTE: If the grant you are requesting does not exceed \$2,500.00, skip the following questions, and sign/complete only the bottom portion.}**

**Identify the issue(s) to be addressed or the urgent need(s) to be met. Please indicate what other organizations in your area provide services to address the same or similar issues/needs, and also what is unique about the services your organization will provide:**

**Explain the short term and long term objectives/goals (include information as to the demographic target and the number of persons the project/program currently serves and/or will serve upon implementation):**

**Outline how the desired outcomes will be measured and indicate by whom:**

**Describe the anticipated time period to carry out this project/program:**

**Briefly describe how your organization will sustain this project/program in the future:**

**Signature: By: \_\_\_\_\_**  
**Name: Title:**