



Grant Application

Date: ____ / ____ / ____

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Web Site Address: _____

Federal ID Number: _____ Date 501(c)(3) _____

Project Title: _____ Project Start Date: _____

Project Director: _____ Project Budget: \$ _____

Amount Requested: \$ _____

Project Focus: Arts Health Technology Education
 Environment Other

Previous funding from the Marks Family Foundation? No Yes _____

Application Checklist:

- ____ Grant Application
- ____ Proposal Narrative
- ____ Certification of IRS tax-exempt status
- ____ List of Board of Directors
- ____ Proposal Budget describing all expenses and revenues
- ____ The original proposal and six (6) copies