

Charitable Venture Foundation

Return completed form to: 747 Pierce Road, Clifton Park, NY 12065

If you are responding to a Request For Proposal, please enter the title below

RFP Title: _____

Organization's legal name _____

Also known as _____

Address _____

Year Organized _____ Number of full time employees _____

Number of people served annually _____

EIN # _____ Tax Status _____

Briefly describe the purpose and services of your organization.

Please indicate how much funding you have received from New York State or entities affiliated with New York State for the last three fiscal years (by year):

Project title _____ Number to be served _____

Amount requested _____ to be expended between _____ and _____

Briefly describe your project.

If this project will continue beyond the period covered by the proposed grant, how will it be funded?

Please attach: a project budget and a list of your Board of Directors to the original. Please include in your application package one copy each of your most recent financial audit or statement and your IRS 501 (c) (3) letter.

We the undersigned, if awarded a grant, agree to use it only for the above-described purpose and to return any unused portion within the grant period. We further agree to report on the use of grant funds and the results of the project.

Board President/Executive Director

Name and phone _____

Date _____ Signature _____

Project Contact

Name and phone _____

Address _____

Date _____ Signature _____