



Trustees
Constance Farver
Michael Farver
Patrick Farver
Cynthia Farver-Galiette

Application for Charitable Donation

Date:

Name of Organization:

Address:

Contact Person:

Title/Position:

Telephone:

Fax:

E-mail Address:

Web Site:

Organization

What is the primary mission of the organization?

Please describe your current programs and significant accomplishments.

What is the scope of the organization? Who is the audience and/or the population served?

How long has the organization operated in the community?

What issue or problems does the proposed project/program address?

How does this relate to The Farver Foundation's mission within our Charitable Donations Guidelines?

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Funding:

What is the total dollar amount of the project/program? \$

What dollar amount is being requested from the Farver Foundation? \$

How will the funds be utilized? Describe the project/program. Attach additional pages if required.

What is the program/project goal or the expected outcome for which support is requested?

How will the organization measure the success of the program/project and report the results?

Is there a deadline for this donation request?

What are the consequences if funding is not received?

Please identify a minimum of three (3) other sources of funding for your organization.

Has the organization received prior funding from The Farver Foundation? If "Yes", please note year(s) and amount(s).

Signature: _____

Name/Title:

All data and information provided herein will be utilized solely for the assessment and review of the application, and will not be shared or passed to any third party.