

Print grant application form, complete and submit with your grant proposal to:
The Sam J. Frankino Foundation, P.O. Box 241487, Cleveland, Ohio 44124.

Legal Name of your Nonprofit Organization | _____
Address | _____
City | _____ State | _____ Zip | _____
Authorized Contact Person: Prefix | _____ First Name | _____ Last Name | _____
Title | _____ Phone | _____ FAX | _____
e-mail | _____ Website | _____
Type of Organization* | _____
Year Founded | _____ Total Current Operating Budget | _____
Primary Source of Funds | _____

Prior SJF Funding? NO YES \$\$/Year | _____

Is your organization Tax Exempt under IRS 501 (c) (3)?

NO YES this is our EIN _____ (If yes, please attach IRS letter with EIN to this form)

Application is Pending (If approved, grant cannot be paid until permanent ruling is received)
If you answered NO to the question above, is your organization part of a municipality?
(i.e. part of a city, state, town, or county government. Examples are: public school system,
city recreation departments, county council on aging, mental health, etc.)
NO YES name of municipality: _____

Grant Amount Requested: \$ _____

Total Project Cost | \$ _____ Numbers Served by Project | _____ Project Time Period | _____

Program serves primarily: Children YES NO Women/Men YES NO Families YES NO

Use the space below to write a short summary of the project/grant request: (2-3 sentences maximum)

Signature of the Contact Person | _____ Date | _____