

## **The Nicholas W. Genematas II Foundation**

### **Grant Request Requirements**

This Foundation asks that grant requests be submitted in writing or through our online grant application form at [www.genematasfoundation.org/grants](http://www.genematasfoundation.org/grants). The grant request must include:

1. A completed Grant Request Form, attached.
2. A cover letter describing your organization and the project for which you are seeking a grant. This letter should provide as much information as possible including, but not limited to:
  - The history of your organization;
  - Your mission statement;
  - How your organization and/or subject project impacts your community; and
  - Dollar amount requested, and how the grant funds will be utilized.
3. Verification of your organization's tax exemption under the Internal Revenue Service Code § 501(c)(3).
4. An annual budget including sources of revenue and nature of expenses for the past fiscal year of your organization and a project for the fiscal year for which the grant is requested.

Grant Requests are considered prior to the Foundation's Annual Meeting each Spring.

Grant requests should be transmitted through [www.genematasfoundation.org/grants](http://www.genematasfoundation.org/grants) or mailed to:

The Nicholas W. Genematas II Foundation  
Attention: Mariann Ernst  
4075 Linglestown Road  
PO Box 307  
Harrisburg, PA 17112  
(717) 991-7941

**The Nicholas W. Genematas II Foundation**  
**Grant Request Form**

Date of Application: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: \_\_\_\_\_ Current Annual Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person, Title and Email (if different from Executive Director):  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Project Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning and Ending Dates of Project (if applicable): \_\_\_\_\_

Geographic Area to be Served: \_\_\_\_\_  
\_\_\_\_\_

I certify, to the best of my knowledge, that:

1. The tax-exempt status of this Organization is still in effect;
2. This Organization does not support or engage in any terrorist activity; and
3. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.

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President, Board of Directors

Date

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Executive Director

Date