

**HRK FOUNDATION**  
**Cover Sheet**

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

**ORGANIZATION INFORMATION**

Legal Name of Organization		Employer Identification Number (EIN)
Address		
City	State	Zip
Telephone	Fax	Website

**INDIVIDUALS RESPONSIBLE**

Name of top paid staff	Title	Direct dial Phone # Email Address
Contact person (if different from top paid staff)	Title	Direct dial Phone # Email Address

Is your organization an IRS 501(c)(3) not-for-profit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, is your organization a public agency/unit of government or religious institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, name of fiscal agent (fiscal sponsor): \_\_\_\_\_

**AMOUNT AND TYPE OF SUPPORT REQUESTED**

The dollar amount being requested: \$ \_\_\_\_\_

Funds are being requested for:  
\_\_\_\_\_ General Operating    \_\_\_\_\_ Capital    \_\_\_\_\_ Project Support    Other (list) \_\_\_\_\_

If a project, give project duration: \_\_\_\_\_ Mo. \_\_\_\_\_ Year to \_\_\_\_\_ Mo. \_\_\_\_\_ Year

If operating support, fiscal year: \_\_\_\_\_ Mo. \_\_\_\_\_ Year to \_\_\_\_\_ Mo. \_\_\_\_\_ Year

**BUDGET**

Total annual organization budget: \$ \_\_\_\_\_

Total project budget (for support other than general operating): \$ \_\_\_\_\_

**PROPOSAL SUMMARY**

Project name (if applying for project support): \_\_\_\_\_

Please give a 2-3 sentence summary of the request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Geographic area served: \_\_\_\_\_

Population Served: \_\_\_\_\_

**AUTHORIZATION**

Name of top paid staff and/or Board Chair (please type)	Signature
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