



THE CALAIS FOUNDATION

Making a Difference...One Child at a Time

FOR FOUNDATION USE ONLY

Grant Reference No. _____

Grant Approved _____ Grant Denied _____
Date Date

Amount _____ Grant Paid _____ Grant Completion Form Received _____
Date Date Date

Grant/Project Application

Date: _____

(Please type or Print LEGIBLY)

Name of Organization or Applicant

Yes ___; No ___; _____
501(c)(3)? EIN Number (Organizations)

Address of Organization or Applicant

Mission of Organization

Person making this request (Organizations)

Phone

Email

Person in charge of project if different from above

Phone

Email

Do you have any relationship with a current Board member, teacher or administrator of The Calais School or The Calais Foundation? **Yes ___; No ___;**

Title of Project: _____ Amount being asked of the Foundation: \$ _____

Please briefly describe the project (Organizations) including purpose, audience, and other important specific information:

Organizations:

Do you need board or administrative authorization to move forward with this project: **Yes**___; **No** **X**; If yes, attach board resolution or letter of authorization.

Describe the anticipated outcome or benefit of project:

Time frame for implementation and completion of project: _____

Dr. Diane Manno _____

Printed name of requesting individual

Signature of requesting individual

_____ Date

Required Attachments:

501(c)(3); NJ Charities Registration Number (if organization qualifies); and Project Budget.

Please return completed Grant Application Form by mail to:
(Faxes Not Accepted)

**The Calais Foundation
Attn: Jack Clark
P. O. Box 337
Whippany, NJ 07981-0337**