

Grant Application to www.salemfremont.org

Salem Endowment Fund

Applying Organization or Individual Name _____

Federal I.D. No. _____ Telephone _____

Address _____
(street or PO Box) (city) (state) (zip code)

Contact person _____
(name) (title) (phone)

Principal purpose of Applying Organization _____

Proposed use of grant funds (be specific): _____

State primary source of funds for the project or program _____

Has your organization received previous grants from this fund? _____

Date most recently received from www.salemfremont.org _____

Amount most recently received from Salem \$ _____

Funds & Pledges already received from other sources \$ _____

Amount of this grant request from Salem \$ _____

Balance required to totally fund project/program \$ _____

Total funding required for project/program \$ _____

Anticipated sources of funds to complete the project/program _____

Applicant fiscal yr _____ Web Page _____

Date _____ Signed _____

email _____ Title _____