

GRANT APPLICATION

Please submit to: Onondaga County Bar Foundation, Inc.
109 South Warren Street, Suite 1000
Syracuse, NY 13202
(315) 471-2667

A. Name of applicant (individual, group or organization): _____

B. Contact person: _____

C. Address: _____

D. Telephone: _____ FAX: _____ Email:

E. Describe the project for which you are seeking funding as follows:

1. Purpose/Goals: _____

2. Proposed methods of implementation: _____

3. Describe the population(s) (communities/groups/persons) to be served, including estimated number of persons: _____

F. Amount of funding requested: \$ _____

G. Total funding required to complete the project: \$ _____

H. Proposed budget - how the funds are to be used: _____

I. Anticipated time for project completion: _____

J. Is there a means by which you can acknowledge a gift from the Foundation? _____

K. In 200 words or less, please describe why you believe that your project is worthy of

