



GRANT APPLICATION

Program Title:		
Program Description:		
Program Objectives:		
Statement of Proposed Impact on Community Health and Wellness including the number of people expected to benefit from the project/purchase and regional area served:		
Target Population:		
Timeline for implementation and results:		
Other Information to Consider:		
Have you ever applied for funds from the Pennock Foundation in the past and if so, when?		
Projected program cost with details (additional page can be attached):		\$
Funding Sources:	From Pennock Foundation:	\$
	From Other Committed Sources:	
	Source #1: _____	\$
	Source #2: _____	\$
	Source #3: _____	\$
	Total Funding – All Sources:	\$
Program Sponsor:	Organization:	
	Contact Person:	Signature:
		Name:
		Title:
	Address:	Street:
		City/State:
		Zip Code:
Phone No.:		
Date Funds Needed:		
Organizational Information	Tax ID#:	Classification: