GANNETT FOUNDATION **Grant Application**

This is an interactive application that can be completed in Adobe Acrobat Reader. Complete application, print and submit with your grant proposal to your local Gannett newspaper publisher. A blank application can be printed and completed offline if you prefer.

(1) Legal Name of your Nonprofit Organization

(2) Address

(3) City / (4) State / (5) Zip   email

Authorized Contact Person (6) Prefix, (7) First Name, (8) Last Name

(9) Title (10) Phone (11) FAX

(12) Type of Organization*

Year Founded   Total Current Operating Budget

Primary Source of Funds

Prior Gannett Foundation Funding? NO ☐ YES ☐, Amount/Year

Is your organization Tax Exempt Under IRS 501(c)(3)?

NO ☐   (13a)   YES ☐, this is our EIN no# _____-_____   (If YES, please attach IRS Letter with EIN# to this form)

☐ Application is pending (If approved, grant cannot be paid until permanent ruling is received)

→ If you answered NO to the question above, is your organization part of a municipality?
(i.e., part of city, state, town or county government. Examples are: Public school system,
city recreation departments, county council on aging, mental health, etc.)
NO ☐ (13b) YES ☐, name of municipality:

(14) Grant Amount Requested $

Internal use only:
Local Gannett CEO Funding Recommendation (15) $_____.00
Local Gannett CEO Signature

Total Project Cost $ Numbers Served by Project   Project Time Period

Program serves primarily: women ☐ YES ☐ NO;   racial/ethnic minorities ☐ YES ☐ NO

Geographic Area Served / Source of Other Funds to Support Project

(16) Use the space below to write a short summary of the project/grant request*: (2-3 sentences maximum)

Signature of Contact Person   Date

*Please refer to our code tables on the "application" page of our Web site, *www.gannettfoundation.org* if you need assistance completing
fields 12 (Type of Organization) and 16 (Short Summary, so you can include information regarding "Program Area" and "Type of Service").