



# The Filippis Foundation

## Community Partners Grant Application

Legal Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Year Founded: \_\_\_\_\_ Current Annual Operating Budget: \_\_\_\_\_

Mission Statement:

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List of Board of Directors (attach a separate sheet if needed):

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Program/Event: \_\_\_\_\_

Program/Event Date(s): \_\_\_\_\_ Event Location: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Projected Cost: \_\_\_\_\_

Brief Description of Program/Event:

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Goals and Expected Outcomes:

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Audience Served:

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How Will This Program/Event Benefit Customers of Wright & Filippis?

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Other Organizations Being Approached for Funding:

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Sponsorship Packages (send as attachment or list amounts with benefits):

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List Any Previous Support from The Filippis Foundation/Wright & Filippis in the Last 3 Years:

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List Any Affiliations with Directors/Members/Staff of The Filippis Foundation/Wright & Filippis:

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**PLEASE NOTE:** This grant application must include a copy of the current IRS determination letter indicating 501(c)3 tax-exempt status.

By signing this application, I declare that I have authorization to apply for this grant by the Board of Directors of the above organization. The statements and answers given in this grant application are true and correct. I understand that any misstatements in this grant application will cause my application to be denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_