

# THE O'GRADY FOUNDATION

140 East 81st Street, Suite 5C  
New York, NY 10028-1807  
212.744.2713  
www.theogradyfoundation.org

## APPLICATION FORM

1. Applicant's Name & Address \_\_\_\_\_  
\_\_\_\_\_
2. Contact (Name, Title) \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_
3. Applicant has IRS 501 (c) (3) status: Yes \_\_\_ No \_\_\_  
If No, name of fiscal sponsor \_\_\_\_\_  
Please submit scanned copy of IRS 501 (c) (3) determination letter.
4. Grant request is for: One year \_\_\_ Two years \_\_\_ Total amount of grant request \_\_\_\_\_
5. Organization, applicant artist or company's mission \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Purpose of grant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **One-page** program budget \_\_\_\_\_
8. Total organization or fiscal sponsor's operating budget: Current fiscal year \_\_\_\_\_  
Last fiscal year \_\_\_\_\_ Projected for year(s) of grant \_\_\_\_\_
9. List three largest foundation, corporate, government or individual donors with amounts given in current fiscal year \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Projected sources of funding (with amounts requested) for this project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_