

Saratoga County Capital Resource Corp.

GRANT REQUEST FORM

1. Organization Name:

2. a. Organization Tax ID Number\*:

b. Date Founded:

3. Street Address:

4. City:

State:

Zip Code:

5. Phone:

6. Executive Director:

7. Contact Person's Name:

8. Contact Person's Title:

9. Contact Person's Email Address:

10. Website Address:

11. Geographic Area Served:

12. Check up to three applicable categories that best describe your organization:

Conservation/Environmental

Humane (animal welfare)

Cultural/Historical

Schools

Education

Sports/Recreational/Social

Health Services

Youth

Human Services/Housing/Meals

Other \_\_\_\_\_

13. a. Provide a brief description of the organizations' charitable purposes:

b. Describe the organizations' charitable accomplishments:

- 14.a. Describe in detail the program/project for which you are applying and its objectives.
- b. Describe the target population, the number of people expected to be served, and any documented need for the program/project:
- c. When will the project be completed (must be no later than the calendar year following the grant award):
- 15.Amount requested from the SCCRC for this program/project:
- 16.What is the total cost of this project?
- 17.How will the difference between the amount requested and the total cost be funded?
- 18.Will any funds from the SCCRC be utilized for matching funds or challenge campaigns?  
Yes                      No  
 If yes, please describe:
- 19.Do you receive any government funding?            Yes            No  
 If yes, please provide the amount from Part VIII Line 1.e. of IRS Form 990 or the portion attributed to government funding in Part 1 line 1 Form 990-EZ.
- 20.Are you under board oversight?                      Yes            No
- 21.What percent of board members make annual contributions:

***This document must be signed by two authorized representatives of the organization, at least one of whom must be an officer or director/trustee of the organization.***

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please do not submit materials other than those requested. We reserve the right to request more information as needed. Please email or mail the completed grant request with a copy of your 501 (c) (3) letter to:

Raymond O’Conor, CEO  
 Saratoga County Capital Resource Corp.  
 50 West High Street  
 Ballston Spa, NY 12020

rayoconor5@gmail.com