



**The Arnold Cogswell Health Fund  
of the Community Foundation for the Greater Capital Region**

**\*\*Please note: you must save a local copy of this form to your computer in order for answers to be saved.  
Your answers will not be saved if you do not save a local copy to your computer.\*\***

**SUBMISSION INSTRUCTIONS:**

**Please email the following information to Shelly Connolly at [sconnolly@cfgcr.org](mailto:sconnolly@cfgcr.org):**

1. A copy of this application form.
2. A copy of a budget for current (fiscal or calendar) year of organization.\*
3. A copy of a project budget for program.\*
4. A list of the Board of Directors. Please include the amount of monetary donations and time the board contributes to operation of the organization. **For example:** "X" percentage of the board contributes "X" amount of dollars **AND** "X" percentage of the board contributes "X" amount of hours.
5. Organization's audit for the last complete fiscal year or IRS Form 990.
6. (Optional) Letters of support may be included.

**\*Include all revenues and expenses and all sources of financial support (pending and received) and any qualifications, along with termination dates on any financial support.**

**ORGANIZATION INFORMATION:**

**1. Please enter the following requested general information:**

Organization's legal name: \_\_\_\_\_

Also known as: \_\_\_\_\_

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

EIN #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Number of personnel who are:

\_\_\_\_ Full-time    \_\_\_\_ Volunteers (full-time or part-time)    \_\_\_\_ Part-time    \_\_\_\_ Interns

**2. Briefly describe purpose of organization (you may attach a lengthier summary to supplement this section, maximum 1 page):**

**3. Please indicate population served (percentage / county; total percentages should add up to 100%):**

\_\_\_\_ Albany    \_\_\_\_ Saratoga    \_\_\_\_ Schenectady    \_\_\_\_ Rensselaer

\_\_\_\_ Other: \_\_\_\_\_

