

The John D. Picotte Family Foundation

Grant Pre-Application

****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.****

This form is not a grant application. The Staff and Trustees review all completed questionnaires. All requests are acknowledged. If there is trustee interest, additional information will be requested.

Please email completed application to **sconnolly@cfgr.org**.

Your responses should not exceed the space provided and must be submitted using this form.

Organization Information

1. Please enter the following requested general information:

Organization Name: _____

Address: _____

President / Executive Director: _____

Contact Person: _____

Email: _____

Phone Number: _____ Fax Number: _____

EIN: _____ Year Established: _____

2. Organization's mission statement:

3. Total Organizational Budget: _____ **Project Budget:** _____

4. If you are requesting general support, please indicate amount: _____

5. If you are requesting project support, please indicate amount: _____

6. Number of individuals to be served: _____

7. Are you a past grantee of the John D. Picotte Family Foundation OR the Equinox-Albany Community Foundation Fund? Yes No

a. If so, when? _____ Grant Amount: _____

8. Is your organization governed by an active Board of Directors? Yes No

9. Is a formal audit of your organization's financial information done annually? Yes No

10. Attach a brief description of the nature of the project for which you are seeking support. Include implementation plan and expected outcomes. Your response should not exceed one page.

When you have finished filling out this form, please save it as "[Your Organization Name] Picotte Pre-App" and email it as an attachment to Shelly Connolly at sconnolly@cfgr.org