



**BICKNELL
LEGACY
FOUNDATION**

BICKNELL LEGACY FOUNDATION GRANT APPLICATION

FULL LEGAL ORGANIZATION NAME		YEAR ESTABLISHED	501 (c) (3) ?		IF YES, EIN
			YES	NO	
ADDRESS					
		TOTAL ORG. BUDGET	IF NO, PROVIDE FISCAL SPONSOR INFORMATION		
WEBSITE	PHONE		SPONSOR NAME		EIN
EXECUTIVE DIRECTOR NAME	TITLE	FISCAL YEAR	SPONSOR ADDRESS		
EMAIL ADDRESS	PHONE	MONTH			
ADDITIONAL POINT OF CONTACT NAME	TITLE	DAY	TOTAL # BOARD MEMBERS		
EMAIL ADDRESS	PHONE		TOTAL # FULL TIME STAFF		
			TOTAL # PART TIME STAFF		
				TOTAL # VOLUNTEERS	
ORGANIZATIONAL MISSION STATEMENT					
BRIEF ORGANIZATION DESCRIPTION					
BRIEF OVERVIEW OF POPULATION SERVED					
REQUESTED AMOUNT					

PRINTED NAME OF AUTHORIZING PARTY

AUTHORIZING SIGNATURE

DATE

PROPOSAL SUMMARY

STATEMENT OF NEED

BACKGROUND

IMPACT

GOALS & OBJECTIVES

SUSTAINABILITY