



Pennsylvania Bar FOUNDATION

Education • Justice • Equal Access

Birdsall County Bar Impact Grants Application

Please type or print information

Organization Name

Project Name

Organization Mailing Address

Contact Person

Title

E-Mail

Phone

Fax

Authorized Signature Required

Name _____

Title _____

Date _____

What geographic area will be receiving the major benefit from this contribution?

Which County?

Is your organization formed as an IRS 501(c)(3) not-for-profit?

___ Yes

___ No

Do you have an ancillary 501(c)(3) organization ?

___ Yes

___ No

Do you have a qualified charitable trust?

___ Yes

___ No

Total amount requested

\$

Total annual Budget of Organization

\$

Total Project Budget

\$

Applicant Name: _____
Please type or print information

Please list other contributors to this project. Include organization's name, the year they will be paying all their contribution and the amount they have committed to contributing.

Organization's Name	Year	Contributions Received	Contributions Committed

Please return no later than April 15, 2010

Mail grant application to: Pennsylvania Bar Foundation, 100 South Street, P.O. Box 186, Harrisburg, PA 17108-0186, Phone (888) 238-3036 or (717) 213-2501, or e-mail questions to: info@pabarfoundation.org