



# Pennsylvania Bar FOUNDATION

Education • Justice • Equal Access

## 2018 Birdsall County Bar Impact Grants Application

Please type or print information	
Organization Name	
Project Name	
Organization Mailing Address	
Contact Person	Title
E-Mail	Phone
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 2, 2018**

**Via US Mail to: Pennsylvania Bar Foundation P.O. Box 186, Harrisburg, PA 17108-0186;**

**Via FAX to: 717-213-2548**

**Via E-mail to [Marie.Queen@pabar.org](mailto:Marie.Queen@pabar.org)**

**Questions? Call (888) 238-3036 or (717) 213-2501, or e-mail [info@pabarfoundation.org](mailto:info@pabarfoundation.org)**