Grant Application

This is an interactive application that can be completed in Adobe Acrobat Reader. Complete application, print and submit with your grant proposal to your local Gannett newspaper publisher. A blank application can be printed and completed offline if you prefer.

(1) Legal Name of your Nonprofit Organization	
(2) Address	
(3) City / (4) State / (5) Zip ema	il
Authorized Contact Person (6) Prefix, (7) First Name, (8) Last Name	
(9) Title (10) Phone (11) FAX	
(12) Type of Organization*	
Year Founded Total Current Operating Budget	
Primary Source of Funds	
Prior Gannett Foundation Funding? NO YES, Amount/Year	
Is your organization Tax Exempt Under IRS 501(c)(3)?	
NO	d until permanent ruling is received) ion part of a municipality? es are: Public school system, il health, etc.)
Total Project Cost \$ Numbers Served by Project	Project Time Period
Program serves primarily: women YES NO; racial/ethnic minorities Y	/ES 🔲 NO
Geographic Area Served / Source of Other Funds to Support Project	
(16) Use the space below to write a short summary of the project/grant request*: (2-	-3 sentences maximum)
Signature of Contact Person *Disease refer to our gode tables on the "emplication" page of our Web site. Wayne garnette	Date

^{*}Please refer to our code tables on the "application" page of our Web site, www.gannettfoundation.org if you need assistance completing fields 12 (Type of Organization) and 16 (Short Summary, so you can include information regarding "Program Area" and "Type of Service").