

The Szucs Foundation Organization Request for Support

1. Organization Name: _____

2. Federal ID#: _____

3. Name of Organization Leader:

4. Title of Organization Leader: _____

5. Name and Title of Individual Submitting This Form:

6. Website Address of Organization: _____

7. Email of Organization Leader or Individual Submitting This Form:

8. Address of Organization: _____

9. Phone Number: _____

10. Grant Category - Your grant proposal corresponds to which of the areas listed here - mark the appropriate box.

- Health and Wellness - Improving individual health and well-being
- Environment - effective stewardship of the environment
- Civil Rights - fostering equal rights for all
- Animal Welfare - care for abused or abandoned animals
- Veterans - support for veterans in need of services not covered otherwise
- Education - opportunities for poor and disadvantaged

11. How will your organization utilize fund from the Szucs Foundation?

12. Vision/Mission – What is your organization’s mission and/or vision?

13. History/Programs – In what year was your organization formed? What are its main programs? (100 words or less)

14. What is your organization's annual budget? _____

15. Number of paid staff: _____

16. Please add any additional comments or information you would like the Szucs Foundation to know about your organization:
