

THE BENDER FAMILY FOUNDATION

The Community Foundation for the Greater Capital Region
Six Tower Place, Albany, NY 12203 | Phone: (518) 446-9638 | Fax: (518) 446-9708

Staff and Trustees will acknowledge and review all pre-application questionnaires. Your responses to this questionnaire will determine whether you are invited to submit a formal application. Please be thorough, especially in answering Question #10. Be clear about the project and its benefits. Do not exceed space allotted.

**Please email this pre-application questionnaire to:
Shelly Connolly at the Community Foundation for the Greater Capital Region
sconnolly@cfgcr.org**

Organization Information

1. Organization Name: _____
Year Established: _____ EIN: _____
Address: _____
President / Executive Director: _____
Contact Person: _____
Phone: _____ Fax: _____
Email: _____
Website Address: _____
2. Total organizational budget: _____ Project Budget: _____
3. Please indicate amount of funding being requested: \$ _____
4. Name of Project: _____
5. What is the mission of your organization?

6. Please list names of Board of Directors and executive staff:

7. Are you a past recipient of the Bender Family Foundation? Yes No
If so, when? _____ Grant Amount: _____
8. Is your organization governed by an active Board of Directors? Yes No
9. Is a formal audit of your organization's financial information done annually? Yes No
10. Attach a brief description of the nature of the project for which you are seeking support. **Your response should not exceed one page** and should include:
 - a. How will your organization use the grant funds? This information is of the utmost importance to the Trustees, so please be specific.
 - b. How will the project benefit the following? Again, please be specific.
 - Program/project participants
 - The greater community
 - Your organization