

# COLUMBIA FOUNDATION APPLICATION COVER SHEET

APPLICANT:

DATE:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

FAX:

EXECUTIVE DIRECTOR:

E-MAIL:

PHONE:

WEB SITE:

YOUR ORGANIZATION IS A:  501(c)(3) nonprofit  Public agency  Sponsored project of another 501(c)(3) nonprofit  
(choose one)

YEAR FOUNDED:

**FISCAL SPONSOR (if applicable)\*:**

MAILING ADDRESS:

CITY:

STATE:

ZIP:

CONTACT:

TITLE:

PHONE:

E-MAIL:

*\* A fiscal sponsor is a nonprofit organization or public agency that permits an organization that does not have tax-exempt status to operate under its auspices. If you have a fiscal sponsor, please complete this box AND attach your fiscal sponsor's IRS tax-exempt letter.*

FISCAL YEAR DATES:

TOTAL ORGANIZATION BUDGET: Current FY \$

Prior FY (actual) \$

PROJECT TITLE (if applicable):

PROJECT CONTACT:

PHONE:

E-MAIL:

COLUMBIA PROGRAM AREA:  Arts & Culture  Human Rights  Food & Farming  
(choose one)

AMOUNT REQUESTED:

TIME PERIOD:

Request is for  general organizational support or  a specific project. PROJECT BUDGET:

PROJECT TIME PERIOD:

Request is for  new or  continued support of a project or program funded by Columbia.

**For all requests for continued support, please include an update on the program currently funded by Columbia Foundation and a rationale for continued support.**

**AUTHORIZATION TO SUBMIT GRANT APPLICATION**

BY:

signature of executive director

BY:

signature of authorized officer of applicant's board of directors (not applicable for fiscally sponsored projects)

NAME:

NAME:

DATE:

DATE:

TITLE: