

# Podiatry Foundation of Pittsburgh

## Grant Application Cover Form

Date of Application \_\_\_\_\_

Legal Name of Organization Applying  
*( Should be the same as on IRS determination  
letter and as supplied on IRS Form 990 )*

Year Founded \_\_\_\_\_

Current Annual Operating Budget \_\_\_\_\_

Executive Director \_\_\_\_\_

Contact Person/Title *(if different from Executive Dir.)* \_\_\_\_\_

Address  
*(principal/administrative office)* \_\_\_\_\_

Mailing Address  
*if different than above* \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone No / Fax No \_\_\_\_\_

Project Name \_\_\_\_\_

Purpose of Grant *(one sentence)* \_\_\_\_\_

Beginning and Ending Dates of the Project/Campaign \_\_\_\_\_

Amount Requested \_\_\_\_\_

Total Project Cost \_\_\_\_\_

Geographic Area Served \_\_\_\_\_

Signature  
Board of Directors Chairperson \_\_\_\_\_

Date \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

Signature  
Executive Director \_\_\_\_\_

Date \_\_\_\_\_

Typed Name and Title \_\_\_\_\_