

**CAMDEN CITY COMMUNITY GRANT PROGRAM****GRANT APPLICATION COVER SHEET****2020 Supplemental Grant Round**

- 1. DATE OF APPLICATION (MM/DD/YYYY)** *Required*
  
- 2. ORGANIZATION NAME OR COMMUNITY GROUP CARRYING OUT THE PROPOSED PROJECT** *Required*
  
- 3. HOW LONG HAS THE ORGANIZATION BEEN IN EXISTENCE?** *Required*
  
- 4. PURPOSE OF GRANT** (One sentence limited to 250 characters) *Required*
  
- 5. ORGANIZATION'S PRINCIPAL OFFICE ADDRESS** *Required*
  
- 6. ORGANIZATION'S CAMDEN-CITY ADDRESS IF DIFFERENT FROM NO. 5**  
*Required if applicable*
  
- 7. EXECUTIVE DIRECTOR** *Required*  
Name:  
  
Title:  
  
Address (If different than above):  
  
  
Email:  
  
Phone:  
  
Organization Website: *If applicable*
  
- 8. PRIMARY CONTACT PERSON** *Required if applicable*  
Name:  
  
Title:  
  
Address (If different than above):

Email:

Phone:

**9. FISCAL SPONSOR CONTACT INFORMATION** *Required if applicable*

Name of organization serving as the Fiscal Sponsor:

Address:

Name of Executive Director:

Email:

Phone:

How long has organization been in existence:

Organization Website: *If applicable*

**10. FISCAL SPONSOR PRIMARY CONTACT PERSON** *Required if applicable*

Name:

Title:

Address (If different than above):

Email:

Phone:

Organization Website: *If applicable*

**11. AMOUNT OF GRANT REQUEST (\$500-\$5,000)** *Required*

**12. TOTAL PROJECT BUDGET** *Required*

**13. FUNDING FOCUS AREA - SELECT ONE COMMUNITY BUILDING ACTIVITY  
THE PROJECT WILL FOCUS ON** *Required*

- Physical Improvements and Housing
- Economic Development
- Community Support
- Environmental Improvements
- Leadership Development and Training for Community Members
- Coalition Building
- Community Health Improvement Advocacy
- Workforce Development

**14. FUNDING CATEGORY - SELECT ONE** *Required*

- Program/Project/Service
- Capacity Building

**15. NAME OF THE PROJECT (Limited to 250 characters)** *Required*

**16. A. TOTAL OPERATING BUDGET FOR ORGANIZATION CARRYING OUT THE  
PROPOSED PROJECT FOR CURRENT YEAR** *Required*

**B. FISCAL SPONSOR TOTAL OPERATING BUDGET FOR CURRENT YEAR**

*Required if applicable*

**17. IDENTIFY ORGANIZATION'S FISCAL YEAR END (MM/DD)** *Required*  
(If applicant has a Fiscal Sponsor – this should be the Fiscal Sponsor's fiscal year end.)

**18. PLEASE IDENTIFY THE NEIGHBORHOOD(S) OR PORTION(S) OF THE CITY THAT THE PROJECT WILL SERVE** (limited to 500 characters) *Required*

**19. WHICH POPULATION(S) WILL THIS PROPOSAL SERVE** *Required*

Youth (Up to 18 years of age)

Adults (18+)

Seniors

**NON-DISCRIMINATION**

The Cooper Foundation will support programs and organizations that promote inclusiveness and that do not discriminate on the basis of race, gender, religion, marital status, sexual orientation, age, national origin, disability, or any other characteristics protected by law.

**Attestation**

By signing below, you attest that the organization(s) is/are a Camden City based non-profit community organization and the information contained within the grant application submission are true, accurate and complete to the best of your knowledge.

**AUTHORIZATION FOR APPLICATION SUBMISSION**

**Organization Carrying Out The Proposed Project** *Required*

Name (Print): \_\_\_\_\_ Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fiscal Sponsor** *Required if applicable*

Name (Print): \_\_\_\_\_ Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_