The Harry E. Foster Charitable Foundation

Organization Information

Name of Organization:	
Address:	
Phone:	
Email:	
Charitable Registration #:	
Contact Name:	Title:
Have you received prior funding f	rom the H.E. Foster Foundation?
Amount:	Year received:
Is this organization part of a large	charitable / non-profit organization?
If yes, name of parent organizatio	า:
Does your organization receive g	overnment funding:
List other sources of funding for th	ne organization, including fundraising undertaken:

Funding Request

Amount of funding requested:

Total budgeted cost of project/program to be funded:

Name and description of project/program to be funded:

The Harry E. Foster Charitable Foundation

Outline how the project/program will directly benefit participants:		
Is this a new or existing program?		
Number of participants with an intellectual/developmental disability:		
Cost of the program to participants, if any:		
List any other programs/services offered by the organization:		
Recognition opportunities:		
Acknowledgment on website		
Acknowledgment on social media		
Acknowledgment in annual report		
Other (please describe)		

The Harry E. Foster Charitable Foundation

Supporting Documents:

Please include the following along	with the completed	application form:
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- a concise but fully detailed project outline
- a program budget for the project or program for which funds are being requested
- a list of your current Board Members
- most recent audited financial statements
- video files in an online format highlighting program activity (optional)

Name of Applicant:	Title:
Signature:	Date:

Application Submission

Deadlines for semi-annual review of submissions are April 15th and October 1st.

Applications and supporting documents can be submitted by email to:

hefosterfoundation@outlook.com