

15 East Main Street Clinton, NJ 08809 (908) 735-0964 www.holtcharitablefoundation.com

2017 Grant Application

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ederal Tax Exemption #
Address
elephone
Mail
Contact Person
Position
Service(s) Provided:

Please include the population and geographical area served and the particular focus of your organization.

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Please describe the purpose for which you are requesting this grant. Include any expanded services which increased funding might provide. You may attach a document for this section.

Grant Amount Requested _____

Application Submitted By _____(Name)

(Position)

**Pleae attach copies of your organization's most recent financial statement with all funding sources clearly designated. Note the amount of budget dedicated to administrative costs.

GRANT APPLICATION DEADLINE - AUGUST 15, 2017