

Cloudsplitter Foundation
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info@Cloudsplitter.org

GRANT REQUEST

Organization : _____

Street Address: _____

City, State, Zip: _____

Website: _____

Organization Officer: _____

Title: _____

Phone Number: _____

Email Address: _____

Contact Person (if different): _____

Title: _____

Phone Number: _____

Email Address: _____

501c3: Yes ___ No ___ Year established _____

Fiscal Sponsor Address (if any): _____

City, State, Zip: _____

Website: _____

Total Organization Budget: _____

Number of Board Members: _____ Staff: _____ Volunteers: _____

Brief Description of Organization and Mission:

State how this project Improves the quality of life for current and/or future users and residents of the Park:

If this project improves life on Planet Earth in general in a materially important way by helping victims of abuse, disaster, or injustice or by protecting civil liberties, please tell us how:

Submitted by: _____ On: _____
Name of submitter Date