## Cloudsplitter Foundation P.O. Box 1357, Saranac Lake, NY 12983 Tel: +1 (518) 992-4900/ Fax: +1 (208) 275 7423

www.Cloudsplitter.org
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:

Brief Des	scription of Organization and Mission (continued	d):	
-			
Proposal I	Doguest		
Proposal F	request.		
F	Project Name:	Project Budget:	
A	Amount Requested:	% of total budget:	
A	Amount of other grants received or applied for:		
1	Name/Amount:		
	Name/Amount:		
	Name/Amount:		
1	Non-grant matching funds:	% "in kind":	_
strategic f	fit:		
_	this project has a demonstrable need for adde	d cunnert (provide appual report	financials etc
	this project has a demonstrable need for added	a support (provide annual report	, illialiciais, etc.,
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·	. Ale :		L
iale now	this project produces a measurable benefit for	a community, the economy, or t	ne environment

te how this proj	ect Improves the quality of life for	current and/or futu	re users and residents of the Parl
	oves life on Planet Earth in genera injustice or by protecting civil libe		
buse, disaster, or		rties, please tell us ho	