

OCEAN REEF FOUNDATION, INC
200 Anchor Drive
Key Largo, FL 33037
(305) 367-4707
Fax (305) 367-6327

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GRANT APPLICATION

Organization Data (Name of Organization Seeking Funds)

Name: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Grant Amount Requested: _____ For Fiscal Year: _____

Total Project Budget: \$_____ Amount Requested from Other Sources: \$_____

Contact Person

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Attach Copy of Organization's IRS Exempt Approval Letter

Attach Mission Statement, if any; Brochure; Printed Material

1. a) State below the major goals of your organization and describe the population served:

b) Actual number of clients served in the past fiscal year: _____

For the project for which funds are being requested: _____

2. a) State the need to be addressed:

b) State the proposed solution to the need, the time frame for it to be operative, and indicate how the grant will assist the solution:

c) Does the population to be served work with you, and to what extent?

3. Please give the following fiscal information:

a) The current actual sources of funding and the amount:

SOURCE

AMOUNT

_____	_____
_____	_____
_____	_____

b) The sources of funding sought but not yet received, and the amount:

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____

Attach the following to this application:

1. Income/Expense budget for the fiscal year for which funds are being requested and Income/Expense report for the immediate past two years.
2. A copy of the latest annual auditors report or financial statement.
3. A copy of the last IRS Form 990 filed.



I certify that all information submitted in this application for funds from the Ocean Reef Foundation, Inc. is accurate.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____