

Kline Foundation Inc.

ORGANIZED 1952

APPLICATION FOR CONSIDERATION OF GRANT REQUEST

This application is required for your organization to be considered for Kline Foundation grants. Please attach any additional information to these pages. Should any of the information below change, please notify the Kline Foundation office at (717) 561-4373. Please type or print.

Application Date:	
Full Name of Organization:	
Mailing Address:	
City, State, Zip:	
Contact Person/Title:	
Telephone #:	
Fax #:	
Email Address:	
Website:	
Year of first operations and/or year activity started:	

Yes No Is your organization qualified as a 501(c)(3) organization by the Internal Revenue Service?

Yes No Is your organization a private foundation under Internal Revenue Service Code Section 509(a)?

NOTE: A copy of the IRS letter qualifying your organization as a charitable organization under IRS code section 501(c)(3) must be included with this application.

Yes No Is your organization located in and does it provide services primarily within South Central Pennsylvania?

Yes No Would the funds awarded to your organization provide services, activities, or programs in South Central Pennsylvania?

TYPE OF ORGANIZATION: (please check ONLY one box)

Medical Academic Benevolent(charitable) Community Cultural

Amount requested: \$

Date(s) of Need:

Signature

Title

Date

Describe the purpose, for which these funds would be used; why are the funds needed?

Summarize the goals and purposes of your organization:

Describe the services your organization provides and the individuals served:

Describe your organization's outcomes and results (Please submit statistical outcomes, # of people served and initiative successes, if available):

CHILDREN AND YOUTH ORGANIZATIONS (Please describe how your organization screens volunteers and what guidelines are in place to protect children and youth. Also, provide documentation or a statement that you are in compliance with those guidelines.):

*Please attach your organization's most recent financial statement.
Where appropriate, also attach a budget or breakdown of funding sources and costs for the project for which you are requesting funds.*

Please indicate any special instructions pertaining to actual payment should your organization be approved for Kline funding (ie. if checks should be sent to a different address or to the attention of someone other than contact person).

Any additional comments or notes:

Please feel free to attach any additional information that may be pertinent to understanding your organization or the purposes for this request.

Grant requests should be mailed to: *The Josiah W. and Bessie H. Kline Foundation, Inc.
Grant Applications
c/o John A. Obrock, CPA
515 South 29th Street
Harrisburg PA 17104*

Please note that requests may be submitted at any time. The Foundation Board of Directors act upon all qualified requests at meetings which are generally held every May and November. After grant requests are considered, your organization will receive notification; generally, funding is awarded in June and December of each year.