

JOHN E. KOSTIC MEMORIAL FOUNDATION

GRANT APPLICATION

Grant Application

Please enter your US Tax ID number:

Part A: Eligibility Quiz:

1a. Are you applying as an individual? *(select one)* Yes / No

2a. Is there opportunity in your proposal for the advancement of John E. Kostic's name and legacy? *(select one)* Yes / No

If applying as an individual or family skip to Part C. of the application.

Part B: Organizational Information:

1b. Organizational Name:

2b. Address:

3b. City:

4b. State:

5b. Zip Code:

6b. Select Appropriate Organization Type:

(select one)

Arts & Culture	Civic & Community	Education	Health
Human Services			Other

If you have selected "other," please explain:

7b. Please provide your mission statement:

8b. Please provide a brief description of the history of your organization:

9b. List organization's major sources of support:

10b. Number of paid staff; number of volunteers:

11b. Is this a faith-based organization? *(select one)* Yes / No

12b. Organizational Annual Budget:

Part C: Proposal Information

1c. Project Title:

2c. Please provide a brief description of the project:

3c. Requested Amount:

4c. Amount of total budget for project:

5c. Will this be an ongoing project?

Please answer yes or no and explain briefly in no more than 2 sentences

6c. Other sources of support for this project:

7c. Faith-Based Project *(select one)* Yes / No

8c. Please choose geographic scope of your project: *(select one)*

International National Regional State Local

9c. If applicable, please choose the appropriate target population for your project: *(select one)*

Economically Disadvantaged Veterans Violence Survivors

Youth-At-Risk Other

If you have selected "other" or your project serves more than one target population listed, please detail briefly:

10c. Please choose the predominant ethnicity of the clients served by your project: *(select one)*

African American Asian/Pacific Islander Caucasian

Hispanic

Native American

Other

If you have selected “other” or your project serves people from more than one of the ethnicities listed, please detail briefly:

11c. Please state background/need of proposed project:

12c. Please state specific objectives to be met with requested funds:

13c. Please describe methods that will be utilized to accomplish project goals:

14c. Please describe approaches that will be used to maximize client participation and to establish collaboration with other relevant groups in the community:

15c. Please provide a brief description of expected outcomes and an evaluation process to measure the project’s success:

Project Leader:

16c. Prefix:

17c. First Name:

18c. Middle Name:

19c. Last Name:

20c. Title of Project Leader:

21c. Please supply address if different from organization:

If outside the United States, please enter full mailing address here:

22c. Office City:

23c. Office State:

24c. Office Postal/ZIP Code

25c. Office Phone:

26c. Office Fax:

27c. Email:

Please mail application to:

John E. Kostic Memorial Foundation
P.O. Box 2486
Cinnaminson, NJ 08077

You may also mail additional supplemental materials such as brochures, videos, print photographs, etc., to the address above. PLEASE NOTE THAT ALL MATERIALS SUBMITTED ARE NON-RETURNABLE.

Application process is rolling.