



PBMares Cares Grant Application - Checklist

* 1. Organization's Name

* 2. Contact Information

Contact's First Name

Contact's Last Name

Contact's Title/Role at Organization

Contact's Email Address

Contact's Phone Number

Please note: Full mailing address is required below to receive notification of grant award.

* 3. Organization's Mailing Address

Street Address

City

State

Zip Code

4. Organization's Physical Address (if different from mailing address)

Street Address

City

State

Zip Code

* 5. Organization's Phone Number

* 6. Organization's Web Address

* 7. Please provide web links below to the specific project/program that will be funded if available online. Enter web address and any additional page links available.

Link 1

Link 2

Link 3

Link 4

Link 5

* 8. Is your organization a qualified 5013(c) organization with a valid tax ID?

☐ Yes

☐ No

* 9. Tax ID Number

* 10. Which PBMAres location is closest to your organization?

* 11. Please identify your organization's region.

* 12. Amount being requested: (Available grant range per organization is from \$1000 to \$5,000.)

* 13. Please select which PBMAres Cares Mission Pillar your program or project addresses for this grant request.

* 14. Briefly describe how your program or project aligns with the selected PBMAres philanthropic mission pillar you selected above. (250 Word Limit)

* 15. Enter the target population this grant money will serve and the projected number of individuals (if applicable).

* 16. How does this program benefit or support your identified population? (150 Word Limit)

* 17. Please briefly itemize the expenses the grant funds will cover.

* 18. Have you previously received a monetary donation from PBMares?

☐ Yes

☐ No

If Yes, please list (a) what the monetary donation was for and (b) the year it was received (if within the past three years).

* 19. Is PBMAres currently engaged with your organization? Please select all that apply. (*This does not preclude you from applying or receiving grant funding).

- ☐ We have a Board Member from PBMAres (enter name below).
- ☐ PBMAres volunteers with our organization (details below).
- ☐ We are a current client of PBMAres (enter contact person you work with below).
- ☐ We are a past client of PBMAres (details below).

Please add a name or further explanation to all boxes checked above.

* 20. Were you referred by someone to apply for this grant?

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☐ Yes

☐ No

If Yes, enter name of referring person or organization.

* 21. If requested, are you able to provide audited financials?

☐ Yes

☐ No