

**FRIENDLY ROSENTHAL FUND
GRANT APPLICATION**

Agency Information

1. Name of Organization: _____ Founding Date: _____
2. Business Address: _____

3. Mailing Address: _____
(If different) _____
4. Contact Person: _____ Telephone Number: _____
5. Chief Executive Officer: _____ Telephone Number: _____
6. Number of paid, full-time staff: _____ Number of paid, part-time staff: _____

Program Information

7. Program Name: _____
8. Total Project/Program Cost: \$ _____ 9. Amount requested from fund: \$ _____
10. Percentage of total cost OJCF is asked to support: _____

Proposal

11. Explain the program/project objective(s) and the reason why the Fund should support it:

