

<b>CCRES GRANT APPLICATION - COVER PAGE</b>		<b>For Internal Purposes Only:</b>	
Period of Performance: July 1, 2020 - June 30, 2021	Grant Amount Requested: <input type="text"/>	Application Type: <input type="checkbox"/> New <input type="checkbox"/> Continuation	Have received support from CCRES in past
Grant Program Name: _____		Grant Number: <input type="text"/>	
<b>All items must be completed thoroughly</b>		Amount Granted \$: <input type="text"/>	
Legal Name of Organization: Program Name: Organization Address:	Contact Information: Telephone Number: Fax Number: Web Address:		
Name of Contact Person: Address:	Contact Phone #: Contact Email: Contact Fax #:		
Authorized Person Name & Title to Sign on Behalf of Organization:	Authorized Phone #: Authorized Email:		
Type of Organization: <input type="checkbox"/> Educational Entity <input type="checkbox"/> Non-Profit Entity Under Section 501( C ) (3)* <input type="checkbox"/> Governmental Entity <i>*Please attach copy of IRS designation letter</i>	<input type="checkbox"/> PA Dept. of Education Administrative Unit Number (AUN) <b>OR</b> <input type="checkbox"/> Federal Employer Identification Number (EIN) <b>EIN Number:</b> _____		
Organizational Mission:	Type of Grant Requested: <input type="checkbox"/> Capital   50% Matching Funds? <input type="checkbox"/> Challenge <input type="checkbox"/> General Operating Support <input type="checkbox"/> Project/Program <input type="checkbox"/> Seed <input type="checkbox"/> Technology		
Organizational Statistics: Number of Employees FT: Number of Employees PT: Number of Volunteers:	Total Annual or Organizational Budget:  Dates of Fiscal Year:		
Does your organization have child abuse policy and procedures compliant with PA Act 151? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If this grant should be approved: Check made payable to: Address to be mailed to: Attention addressed to:	Any changes to information on this form should be submitted to Executive Director, Michael J. Kelly, J.D., Ed.D:  michaelkelly@ccres.org Assistant to Exec. Dir. sharonking@ccres.org Phone: (484) 593-5040		
<b>Signature of Person Authorized to Sign on Behalf of Organization:</b> If awarded this grant, our organization ("Grantee") hereby agrees to indemnify and hold harmless CCRES, Inc. against any and all liability, claims, suites, losses, costs and legal fees caused by, arising out of, or resulting from any negligent act or omission of the Grantee in the performance and/or failure to perform within the Grantee including the negligent acts or omission of any direct or indirect employees of the Grantee or Subcontractors.			
Signature _____		Date _____	