

CCRES GRANT COVER PAGE

July 1, 2024 - June 30, 2025

Grant Amount Requested:

Project Name: _____

All items must be completed thoroughly

For Internal Purposes Only:

Application Type: New Continuation

Have received support from CCRES in past

Grant Number:

Amount Granted \$:

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:

- Educational Entity
 Non-Profit Entity Under
Section 501(C) (3)*
 Governmental Entity

PA Dept. of Education Administrative Unit Number (AUN)

OR

Federal Employer Identification Number (EIN)

EIN Number: _____

**Please attach copy of IRS designation letter*

Organizational Mission:

Type of Grant Requested:

- Capital | 50% Matching Funds?
 Challenge
 General Operating Support
 Project/Program
 Seed
 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?

Yes

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:

Grant Coordinator: sharonking@ccres.org

Phone: (484) 593-5040

Signature of Person Authorized to Sign on Behalf of Organization:

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 _____