CCRES GRANT COVER PAGE
July 1, 2025 - June 30, 2026

Grant Amount Requested: [   ]

Project Name: _____
All items must be completed thoroughly

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 *Please attach copy of IRS designation letter	☐ PA Dept. of Education Administrative Unit Number (AUN) **OR** ☐ Federal Employer Identification Number (EIN) **EIN Number:** _____
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 payble 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**