

# Norman Archibald Charitable Foundation

## Grant Application Profile Summary

Date Submitted \_\_\_\_\_

1. Name of Organization applying \_\_\_\_\_
2. Primary address of Organization
  - Street \_\_\_\_\_
  - City \_\_\_\_\_
  - Zip \_\_\_\_\_
  - Counties where services are provided \_\_\_\_\_
3. Name/title of primary contact person \_\_\_\_\_
4. Contact person's phone number \_\_\_\_\_
5. Contact email address \_\_\_\_\_
6. Tax Identification Number \_\_\_\_\_
7. Amount of grant being requested \$ \_\_\_\_\_
8. Brief description of purpose for current grant request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Prior grant(s) received from Archibald Foundation
  - Amount of most recent \$ \_\_\_\_\_ Date recd. \_\_\_\_\_
  - Purpose of that grant \_\_\_\_\_
  - Number of other Archibald grants received \_\_\_\_\_
10. Amount of liquid assets as of most recent tax filing (Form 990, Part X)
  - Line 1- Cash \_\_\_\_\_
  - Line 2-Savings \_\_\_\_\_
  - Line 11-Investments, public \_\_\_\_\_
  - Line 12-Investments, other \_\_\_\_\_
  - Total of Cash & Investments \$ \_\_\_\_\_