

STANDISH FAMILY FUND
THE COMMUNITY FOUNDATION FOR THE CAPITAL REGION
6 TOWER PLACE
ALBANY, NY 12203

Pre-Application Questionnaire

This form is not a grant application. The Staff and Trustees review all completed questionnaires. All requests are acknowledged. If there is Trustee interest, additional information will be requested.

1. Information about your organization:

Name: _____ Year Established: _____

Address: _____

President/Executive Director: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Is your Organization a 501(C) 3? _____

2. What is the basic purpose of your organization? (one brief paragraph):

3. If you are requesting general support, please indicate amount (\$): _____

4. If you are requesting project support, please indicate amount (\$): _____

5. Number of individuals to be served: _____

6. Highlight briefly the nature of the project for which you are seeking support.
(include implementation plan & expected outcomes)

7. Are you a past grantee of the Standish Family Fund? _____

If so when _____ Amount _____

8. Total organizational budget: _____ Project Budget _____

9. Is the organization governed by an active board of directors? _____

10. Is a formal audit of the organization's financial information done annually? _____

11. Is the organization's mission related to improving education and the lives of our youth in the New York State Capital Region? _____