



CAROL M. JACOBSON FOUNDATION

c/o Henry N. Libby, President * 2820 SE Dune Drive, Unit 2306 * Stuart, FL 34996
443-994-1341

APPLICATION FORM COVER SHEET

Date of Application: _____

Exact Legal Name of Organization to which grant would be paid:

Purpose of grant and/or Program-Related Investment (PRI):

Address: _____

Phone number: _____ Email: _____

Executive Director: _____ Phone Number: _____

Contact person and title (if not executive director):

Is your organization recognized, under section 501 (c) or similar provision of the Internal Revenue Code, by the IRS as a not-for-profit entity? _____

If not, please explain: _____

Check one: Grant ___ or PRI ___ request: \$ _____

Check one: General support _____ Project support _____

Total organizational budget (for current year): _____

Dates covered by this budget: _____

Total project budget (if requesting project support): \$ _____

Dates covered by project budget: _____

Project name (if applicable): _____

The signator represents that he is duly authorized by the Applicant to submit the Application.

Signature of Applicant's Officer _____ Date _____