



Berger North Foundation
1624 Hwy 395, STE 3
Minden, NV 89423
(775) 782 - 3013

www.BergerNorthFoundation.org

Cover Sheet

APPLICATION DATE

APPLICANT INFORMATION

Name:

Use exact legal name of the organization to which the grant is to be paid.

EIN:

Address of Organization:

Telephone Number:

Fax Number:

Contact's Email Address:

Website URL:

Executive Director/CEO:

Contact Person & Title:

**If not the ED/CEO.*

Staff:

Number of Full-Time Employees:

Number of Part-Time Employees:

Number of Volunteers

Total Organizational Budget:

\$

Organization's Fiscal Year

MM/DD/YY - MM/DD/YY

GRANT REQUEST

Project Name:

Total Amount Requested:

\$

Check One:

☐ One Year Grant

☐ Multi-Year Grant (over 3_years)

Funding Request Date Range:

MM/DD/YY - MM/DD/YY

Check One:

☐ General Operating Support

☐ Project Support

☐ Capital Campaign

☐ Capacity Building

Total Project Budget

\$

Overall Project Duration:

MM/DD/YY - MM/DD/YY

Executive Summary:

*2-3 sentences explaining the
need, project and population
to be served.*