



FOX CHASE BANK®
Charitable Fund

GRANT REQUEST FORM

Please complete this form in its entirety. Answers to all of the questions are essential to our decision-making process. Unanswered questions may delay the review of your grant request.

Date of Application: _____

Year Organization was Founded: _____

Organization Name: _____

Street Address: _____

EIN: _____

Website: _____

Contact Name: _____

Title: _____

Phone: _____

Email Address: _____



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ORGANIZATION BACKGROUND INFORMATION

Tell us about your organization:

Tell us what you do and who you serve:

Tell us the counties in which you operate:

Tell us about your team:

Tell us how many of your team members are:

- Paid staff: _____
- Volunteers: _____



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GRANT REQUEST DETAILS

Investment Summary:

- Tell us the total estimated investment required to support this Program/Project for which you are seeking funding from us: _____ (Total for Program/Project)
- Tell us what you are asking us to fund: _____ (Your grant request)

Impact Summary:

- Tell us about the Program/Project for which you are seeking funding from us:
- Tell us your goals for this Program/Project:
- Tell us who will benefit from it or who will be served:
- Tell us how those served will benefit from your Program/Project:
- Tell us how you will measure the impact:
- Tell us how you will know the Program/Project was successful:
- Tell us anything else you think will help us make a decision to support you:

Please email your completed Grant Request Form to: grantrequest@fxcbcf.org

Submitted by: _____

Email: _____

Date: _____

Best Phone Number: _____