

Heritage of Pride, Inc.

Working Grant Application

MAIL TO:

Heritage of Pride, Inc.
 Working Grant
 154 Christopher St., # 1D
 New York, NY 10014
 Or email dance@nycpride.org

From the list below, you may choose to apply for up to 3 working grants. *Deadline for application is May 31st.*
 Please rank your preferences from (1 to 3).

Grant Name	na	MARCH: Ribbons of Remembrance	na	DANCE: Beverage Centers
	na	MARCH: Formation Area	na	DANCE: Ticket Line Monitors
Rank preference in order 1, 2, 3.	na	MARCH: March Route	na	DANCE: Toilet Line Monitors
	na	RAPTURE: Beverage Centers	na	DANCE : Coat Check
	na	RAPTURE: Coat Check	na	PRIDEFEST: Set up
	na	RAPTURE: Toilet Line Monitors	na	PRIDEFEST: Breakdown

Organization Information			
Organization Name			
Address			
City, State, Zip			
Phone Number			
Email			
Web Address/URL			
Contact Information			
Name			
Address			
City, State, Zip			
Phone Number			
Email			
Background Information For Your Organization			
1. We have received IRS section 501(c)3 designation	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
2. If NO above, then is your organization using a fiscal agent?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
If YES to #2, please complete next section on fiscal agent.			
Fiscal Agent Contact Information (if #2 is YES)			
Name			
Address			
City, State, Zip			
Phone Number			
Email			
And are the funds kept in segregated bank accounts for you?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
What is your current year's projected budget?			
Number of volunteers available to fill the position requirements?			
What is the purpose of this organization? <i>(Use separate page if necessary)</i>			

If your organization is selected as a grant recipient, what does your organization plan to do with the working grant funds? Also, if there is a specific project these funds will be supporting, please provide details for the project and the current status of the project. *(Use separate page if necessary)*

By signing (or electronic signature if emailed), I state that (1) I am a duly authorized representative of this organization; (2) I am attesting to the validity of the information given above and (3) if chosen, we are willing to abide by the terms in accepting this working grant.

Signature:

Date: