



INSTITUTION FOR SAVINGS

CHARITABLE FOUNDATION

Date: _____

Legal Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____ Fax _____

IRS 501(c)(3) nonprofit? Yes No If Yes, submit IRS letter confirming your 501 (c)(3) status

Amount Requested:

Type of Request: Operating
 Specific
 Project
 Capital
 Other Explain _____

Organization's Mission

Summary of Proposal

List the proposal's target population, constituents and geographic communities
