



The Overlook Estate Foundation, Inc. Grant Application

Date of Application: _____

Type of Grant (circle one): Individual Institutional

Name of Grant Recipient: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount of Grant Requested: \$ _____

*NOTE: Applicants **MUST** submit a budget detailing how granted funds will be used. No single grant recipient shall receive more than 25% of the foundation's total funding for a given year.*

Objective/Purpose of Grant:

Relationship of Grant to Foundation Mission:

Expected Results: *(please provide quantitative outcomes)*

