

Sy Syms Foundation

One Bridge Plaza, Suite 275

Fort Lee, NJ 07024

201-849-4417

www.symsfoundation.org

GRANT APPLICATION

****Grant requests may only be submitted annually between September 30th and December 31st.**

Mail or fax the application packet in hard copy to:

Annette Calgaro
BNY Mellon
3825 BNY Mellon Center
500 Grant Street
Pittsburgh, PA 15258

Fax 866-239-3467

Phone [412-234-1634](tel:412-234-1634)

Annette.calgaro@bnymellon.com

1. ORGANIZATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Fax: _____

Website Address: _____

Name & Title of Contact Person: _____

Contact Email Address: _____

Have you applied to Sy Syms Foundation before? If yes, be specific _____

2. TAX STATUS

Is the organization recognized by the internal Revenue Service as an organization described in Internal Revenue Code Section 501(c) (3)? Yes: _____ No: _____

3. THE PROCEEDS OF THIS GRANT WILL HELP SUPPORT:

_____ Education _____ Scientific/Medical Research

_____ Health & Welfare _____ Culture & Arts

_____ Other (Specify): _____

4. AMOUNT OF FUNDS REQUESTED: \$ _____

5. PURPOSE OF REQUEST AND MISSION OF ORGANIZATION:

(Attach separate sheet if necessary)

6. APPROXIMATE GEOGRAPHIC AREA, SIZE AND DESCRIPTION OF POPULATION SERVED:

7. TOTAL BUDGET OF THE ORGANIZATION: \$ _____

Sources of operating funds (% of total operating income):

Federal _____ %

State _____ %

City _____ %

Fees _____ %

Events _____ %

Other _____ % Explain: _____

8. WILL THE FOUNDATION BE PUBLICLY RECOGNIZED IN CONNECTION WITH THE GRANT: (Press release, Photo-Op, Annual Report, etc.)

9. PLEASE ATTACH THE FOLLOWING:

- The Organization's most recent IRS form 990 and/or audited financial statement.

- A list of the members of the Organization's Board of Directors and their affiliations.

Please be advised that the Sy Syms Foundation may request additional information from any applicant and may visit your location at any time.

For Foundation Use Only:

Approved By

Date

Signature of Individual Submitted Application

Date