

# **Sy Syms Foundation**

One Bridge Plaza, Suite 275

Fort Lee, NJ 07024

201-849-4417

[www.symsfoundation.org](http://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: 866-230-3467

Phone: 412-234-1634

[Annette.calgaro@bnymellon.com](mailto: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 the 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:**

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**7. TOTAL BUDGET OF THE ORGANIZATION:** \_\_\_\_\_

**SOURCES OF OPERATING FUNDS ( % OF TOAL 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.)**

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**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.

(Attach separate sheet if necessary)

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

Signature of Individual Submitting Application

Date

\_\_\_\_\_

\_\_\_\_\_



**For Foundation Use Only:**

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**Approved By:**

**Date:**