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 of 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
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:

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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.

(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:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Approved By:                     Date:

Sy Syms Foundation, One Bridge Plaza, Suite 275, Fort Lee, NJ 07024