

Grant Application for Port Related Projects

(tab between fields)

About the Applicant			
Date of Application:			
Legal Name of Organization:			
FEIN:	Commonwealth Vendor #	<input type="checkbox"/> Non-profit/Gov't	<input type="checkbox"/> For Profit
Head of Organization:			
Title:			
Organization Phone:			
Organization Fax:			
Organization e-mail:			
Website:			
Contact Person (if different from Head of Organization):			
Title:			
Contact's Phone:			
Contact's Fax:			
Contact's e-mail:			
Address (principal or administrative office):			
Mailing address (if different from above):			
Organization's total annual budget	\$	For the fiscal period:	to
Total number of employees			
Have you applied to Port of Pittsburgh Commission for funding in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you received funding from Port of Pittsburgh Commission in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

About the Project			
Project Name:			
Project Location			
Total Project Cost:	\$		
Amount of Grant Request:	\$		
Purpose of Grant (one to two sentence summary)			
Beg. and End Dates of Project:		to	
Geographic Area Served:			
PA House District #	PA Senate District #	US Congressional District #	

I certify that I am authorized to submit this grant application and, to the best of my knowledge, the Organization does not support or engage in any terrorist activity, and if a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.

Authorized Signatory

Print Name

Date

Grant Project Narrative

Organization Mission Statement

Project Description Including Problem(s) to be Addressed and Anticipated Schedule

Be brief and to the point. Add pages if necessary.