# **Grant Application**

The Chelsea Tenants' Association Historic Preservation Charitable Trust (the "Charitable Trust") is a New York non-profit organization that was established to (a) create a legal defense fund to protect and restore the quality of the environment for the benefit of the general public and whose principal activity consists of instituting litigation as a party plaintiff to enforce environmental legislation exclusively for charitable purposes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") and (b) preserve and protect historic landmarks of architecture to allow the general public to visualize architecture from previous eras, as well as the area's culture and community history of previous generations. This Trust has been created and shall be operated exclusively for charitable, scientific, literary, and educational purposes, including but not limited to, the making of distributions to organizations with similar purposes that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, as the Trustees shall, from time to time, authorize.

In order to receive consideration for a grant, Charitable Trust requires that the organization must be eligible and submit a grant application. In order to be eligible, grant recipients must be a 501(c)(3) organization that serves within the New York region and be consistent with the Charitable Trust's purposes. Grant applications will be processed monthly, and if an organization is being reviewed, the Charitable Trust will contact the said organization.

Please attach a copy of your organization's 501(c)(3) form and tax-exempt identification number to this application and mail it to:

The Chelsea Tenants' Association Historic Preservation Charitable Trust
Attn: Ms. Zoe Pappas, Co-Trustee
222 West 23<sup>rd</sup> Street, Ste 214
New York, New York 10011

| Part I-A: Organizatio | n Information          |              |   |
|-----------------------|------------------------|--------------|---|
| Organization Name:    |                        |              |   |
| Address:              |                        |              |   |
| City:                 | State:                 | Zip Code:    |   |
| Country:              |                        |              |   |
| Phone:                |                        |              |   |
| Website (if any):     |                        |              |   |
| Federal ID Number (M  | (ust be a 501(c)(3) Or | ganization): | ٠ |
| Part I-B: Organizatio | n Contact              |              |   |
| First Name:           | Last Name:             |              |   |
| Title:                |                        |              |   |
| E-mail:               |                        |              |   |

Part I-C: Organization Details:

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|--|----|
| Organization Mission Statement:                                      |    |
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| Brief Organization History:  |    |
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|  |    |
| Part I-D Organization Operating Budget:                              |    |
| Total Operating Budget for Current Year:                             |    |
| \$   |    |
|  |    |
|  | ,  |
|  | 21 |
|  |    |
| Organization's primary sources of funding and amount given annually: |    |
|  |    |
|  |    |

| Part 11-A: Project/Program Summary:   |
|---|
| Brief summary of project/program:   |
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|   |
|   |
| Provide a brief statement of the purpose(s) for which the grant will be used: |
|   |
| How is this request consistent with the Ilitch Charities mission statement:   |
| 1   |
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|   |
| Total Expect Cost of the Project/Program:  \$                                 |
| Have you received other funds for this project/program this year?             |
| □ Yes □ No  |
| Total Funds Requested per this Application:                                   |

The undersigned hereby certifies that the information provided in this Grant Application and all other supplementary material submitted is true and complete as of the date of submission. This undersigned further understands that falsification and/or omission of any facts in this application may be cause for disqualification.

| Name of Organization: |             | Date: |  |
|-----------------------|-------------|-------|--|
| By:                   | (Signature) |       |  |
| Title:                |             |       |  |