



THE OCEAN FOUNDATION

GRANT APPLICATION FORM

ORGANIZATION NAME:

DATE:

MAILING ADDRESS:

CONTACT:

TITLE:

WEB ADDRESS:

PHONE:

EIN NUMBER:

E-MAIL:

HAS YOUR ORGANIZATION PREVIOUSLY RECEIVED A GRANT FROM **TOF**? YES NO

NAME OF TOF STAFF PERSON WHO SOLICITED THIS GRANT APPLICATION: Coastal CODE

YOUR MISSION STATEMENT:

SPECIFIC PURPOSE FOR WHICH FUNDS ARE REQUESTED:

AMOUNT REQUESTED: _____

PREFERRED METHOD OF PAYMENT:

Check

Wire

If so, please provide:

Bank Name:

Currency of Account wiring to:

Bank Address:

SWIFT/BIC or ABA:

InterBank or Clave number (must be 16 or 18 digits):

Account Name:

Beneficiary Account Number:

Your current assets total approximately: \$ _____, of which \$ _____ are invested.

Your **income** from all sources last year was about: \$ _____.

Your **program expenses** last year were approximately: \$ _____.