



THE OCEAN FOUNDATION

GRANT APPLICATION FORM

(N.B. THIS FORM MUST ACCOMPANY YOUR GRANT REQUEST)

ORGANIZATION NAME:

DATE:

MAILING ADDRESS:

CONTACT PERSON:

TITLE:

WEB ADDRESS:

PHONE:

E-MAIL:

YOUR MISSION STATEMENT (DO NOT EXPAND THIS SPACE):

SPECIFIC PURPOSE FOR WHICH FUNDS ARE REQUESTED (DO NOT EXPAND THIS SPACE):

AMOUNT REQUESTED:

PREFERRED METHOD OF PAYMENT:

Check

Wire. If so, please provide:

Bank:

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:

FISCAL SPONSOR (IF REQUIRED, A letter of confirmation from Fiscal Sponsor must accompany application package)

Your current assets total approximately: \$_____.

Of that sum, \$_____ are invested.

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

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



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=====For office use only—DO NOT write below this line=====

Date request received:

Accepted for consideration

Not accepted, returned:

SEPTEMBER MARCH

GR # _____

Category: