



Pink Pumpkin Patch  
Foundation

## Pink Pumpkin Patch Foundation Grant Application

If you have received this grant application as a hard copy and would like to receive it as a PDF, please visit our website at [www.PinkPumpkinPatch.org](http://www.PinkPumpkinPatch.org) to download an electronic version.

### SECTION I. CONTACT INFORMATION

Date: \_\_\_\_\_

Name of Organization/Program: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address for UPS deliveries (No PO Boxes): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail (required): \_\_\_\_\_

**Please mail or e-mail completed application to:** Pink Pumpkin Patch Foundation  
P.O. Box 670, Rocky Ford, CO 81067  
[grant@pinkpumpkinpatch.org](mailto:grant@pinkpumpkinpatch.org)

## SECTION II. PROGRAM INFORMATION

Please submit answers to the following questions in a separate Microsoft® Word document and make sure your answers are in the same order as on the application. If you have additional supporting documentation of your past activities (i.e. published articles, annual reports) please include with your application.

1. Please briefly describe the history of your organization/program.
2. Please list your past research activities.
3. Please list your current research priorities/programs (to the extent public).
4. Please attach evidence of your 501(c)(3) status.
5. Please list your affiliations (research, commercial, etc.).
6. Please attach a list of your organization's key owners, directors, and employees.
7. Please tell us about the availability of other funding sources, indicate the approximate percentage of funds received that are used for administration (vs. research), and provide your organization's financial statements.
8. Please let us know how much funding you are requesting and the proposed use of these funds.

### SECTION III. AGREEMENT AND SIGNATURE

Please read the following carefully and sign. Your signature indicates that you adhere to the following:

- a. My organization does not discriminate against individuals based on race, gender, sexual orientation, national origin, religion or physical or mental disability.
- b. The funds received through this grant will be used for the purposes listed in this grant application.
- c. I understand that if my organization is chosen to receive this grant, I allow our name, logo and information relating to the organization to be used in media and marketing materials.
- d. All the information I have presented in this grant is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_