PENN Entertainment Foundation Grant Application

Quarter:	
Year:	

Name of Organization		TAX ID
Street Address		
City	State	Zip Code
Name of Executive Director	Phone #	E-mail address
Name and Title of Contact for this Proposal	Contact Phone #	Contact E-mail address
Office Telephone Number	Office Fax Number	Website
Requested Grant Amount Total Ann	ual Organizational Budget	
Program Narrative Please provide a program narrative which include ORGANIZATIONAL BACKGROUN DESCRIPTION OF PROGRAM/PROpopulation(s) and communities to be seen impact. IMPACT: Defined goals and expected EVALUATION: Criteria to be used to	D: Mission, goals, and current project. Description of how funds erved, estimated reach numbers, coutcomes of the program/project.	rograms would be used, including details on the date/duration of project, etc.
I certify that the information provided in this apporganization requesting funding is a non-profit of race, religion, gender, sexual orientation, disc	501(c)(3) tax-exempt charitable c	knowledge. In addition, I certify that the organizations and does not discriminate on the basis
For organizations that have previously received funding from the status of the organization's $501(c)(3)$ determination since		
Executive Director (Print Name)	ecutive Director (Signature)	Date

Please mail two complete copies of this grant application with one set of all other supporting documents to:

PENN Entertainment Foundation, Inc.

825 Berkshire Blvd.

Wyomissing, PA 19610 Attention: Amanda Garber