PENN Entertainment Foundation Grant Application

Quarter:	
Year:	

Name of Organization		TAX ID
Street Address		
City	State	Zip Code
Name of Executive Director Phone	e #	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 Annua	l Organizational Budget	
Program Narrative Please provide a program narrative which includes	the information listed below.	The narrative should not exceed 4 pages.
 ORGANIZATIONAL BACKGROUND: DESCRIPTION OF PROGRAM/PROJECT population(s) and communities to be served. IMPACT: Defined goals and expected outen. EVALUATION: Criteria to be used to every content. 	CT: Description of how funds ed, estimated reach numbers, tcomes of the program/projec	s would be used, including details on the date/duration of project, etc.
I certify that the information provided in this applic organization requesting funding is a non-profit 501 of race, religion, gender, sexual orientation, disabi	(c)(3) tax-exempt charitable of	knowledge. In addition, I certify that the organizations and does not discriminate on the basis
For organizations that have previously received funding from PN $01(c)(3)$ determination since the organization's last application		n no changes to the IRS ruling on the status of the organization's
Executive Director (Print Name) Execu	ntive 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