

TEGNA FOUNDATION

Grant Application

Download and complete this application using Adobe Acrobat Reader. Print completed application and submit with your grant proposal to your local TEGNA TV station general manager. A blank application can be printed and completed offline.

(1) Legal Name of your Nonprofit Organization _____

(2) Address _____

(3) City / (4) State / (5) Zip _____ email _____

Authorized Contact Person (6) Prefix, (7) First Name, (8) Last Name _____

(9) Title (10) Phone (11) FAX _____

(12) Type of Organization* _____

Year Founded _____ Total Current Operating Budget _____

Primary Source of Funds _____

Prior TEGNA Foundation Funding? NO YES , \$/Year _____

Is your organization Tax Exempt Under IRS 501(c)(3)?

NO (13a) YES , this is our EIN no# _____ - _____ (If YES, please attach IRS Letter with EIN# to this form)

→ If you answered NO to the question above, is your organization part of a municipality?
(i.e., part of city, state, town or county government. Examples are: Public school system,
city recreation departments, county council on aging, mental health, etc.)

NO (13b) YES , name of municipality: _____

(14) Grant Amount Requested \$ _____

Total Project Cost \$ _____ Numbers Served by Project _____ Project Time Period _____

Program serves primarily: women YES NO; racial/ethnic minorities YES NO

As part of your application materials, you are required to submit a copy of your non-discrimination policy. Some organizations allow their local chapters or affiliates to determine their own policies. Does your organization, or its chapters or affiliates, have a written policy of discrimination on the basis of sexual orientation and/or gender identity? To be eligible for a TEGNA Foundation grant, you must answer NO. YES NO

Geographic Area Served / Source of Other Funds to Support Project _____

(16) Use the space below to write a short summary of the project/grant request*: (2-3 sentences maximum) _____

Signature of Contact Person _____ Date _____