

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)

Application is pending (If approved, grant cannot be paid until permanent ruling is received)

→ 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 \$ _____

Internal use only:

Local TEGNA CEO Funding Recommendation (15) \$ _____ .00

Local TEGNA CEO Signature _____

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

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

Does your organization, or its chapters or affiliates, have a written policy of discrimination on the basis of sexual orientation and/or gender identity? 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 _____

*Please refer to our code tables on the "application" page of our Web site, www.tegnafoundation.org if you need assistance completing fields 12 (Type of Organization) and 16 (Short Summary, so you can include information regarding "Program Area" and "Type of Service").