



**STORAGETEK FOUNDATION
ORGANIZATIONAL SUMMARY**

Organization Name: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: _____ **Fax:** _____ **Web Site:** _____

Executive Director: _____

Contact Name/Title *(if not Executive Director)* _____

Contact Phone: _____ **E-mail:** _____

Request for:

___ General operating (exclusions include salaries and bricks and mortar)

___ Program/Project Support

Purpose of Grant:

___ Arts and Culture

___ Education

___ Health and Human Services

Name of Program/Project: _____

Amount Requested: _____

Signature, Executive Director

Date