

FUNDING REQUEST & GRANT APPLICATION FOR THE PEREGRINE GLOBAL FOUNDATION

Application Due Date

Funding requests should be submitted and are due no later than the last business day of the month prior to each regular Foundation Board Meeting. The Foundation Board Meetings are scheduled to be held quarterly during the second week of January, April, July and October. Applicants will be notified of successful grant awards by the end of the month in which a board meeting occurs.

Please read carefully and fill out this application as completely as possible.

(Depending on the request specifics - additional information may be required)

Questions or Inquiries:

Should you have any questions please call the Peregrine Global Foundation at: 307-685-1555 or email: info@peregrineglobalfoundation.org and ask to speak with an officer of the Peregrine Global Foundation.

Mail or Email this application and any support materials to:

The Peregrine Global Foundation 640 North Highway 14-16, Unit J Gillette, WY 82717

Email: info@peregrineglobalfoundation.org

PLEASE TYPE OR PRINT ALL INFORMATION

Name of Applicant:		
Amount requested (\$US):	If an Organization – the date established:	
Street Address:	Country:	
City, State/Province, Zip/Postal Code: _		
Telephone #:	_ Email:	
Contact Person Name:	Tax Identification Number:	
Please describe the objectives if the Applicant were to receive this grant:		

Further describe the project or program for which funding is being requested (A	ttach additional
pages if necessary):	
Please explain how your project will enhance, develop and/or promote value-base or improve the quality of higher education somewhere in the world:	ased leadership
Explain how your goal would be achieved if only a portion of your request was gadditional pages if necessary):	
Are there any other funding sources which are being sought for this project:	Yes No
If Yes, please supply the following information:	
Source:	Amount (\$US)
	
	
Please provide the sources of <u>firm</u> pledges and/or commitments to-date, if any:	
Source:	Amount (\$US)

If this is an orga	nization – is it newly formed?		Yes _	No
Is this a new pro	ogram within an established organization?		Yes _	No
Is this grant to s	upplement an established program?		Yes _	No
Do you, your pro	ogram or organization have tax-exempt status in the United	d Stat	es under t	the
IRS Code section	n 501(c)(3) (or equivalent - if an international not-for-profit)?	Yes _	No
Is this organizati	ion affiliated with any religious organizations?	_	Yes	No
If yes, please de	scribe:			_
If in the US - hav	ve you applied for, or do you plan to apply for State or Fede		unds? Yes	No
If yes, please ex	plain fully, including amounts which may be available from	those	e sources:	
	warded – please supply us with the date the funds are requestion.			
	Amount:			
	at least two (2) references that we may contact to discuss y	our b	ackground	d and
Name	F	Phone		
Address 2.	City	State	Zip/Postal	Code
Name	F	Phone		
Address	City S	State	Zip/Postal	Code

Please provide any other pertinent inform	nation which would aid in evaluating your request:
	pplicant or the Applicant's representative. If an nd/or the individual to whom future questions and te.
President / Chairperson Signature	Contact Person Signature
Printed Name	Printed Name
Date Signed	

Thank you for your interest in helping the Peregrine Global Foundation promote value-based leadership and quality education around the globe!