

Pratt Northam Foundation
PO Box 104
Lowville, NY 13367
prattnortham@frontier.com

Application for Workership Funding

Applicant: _____

I. Applicant Information

1. Is the applicant organized as a nonprofit organization under state laws governing charitable organizations? Yes No

If yes, in what state or commonwealth? _____

If no, please explain _____

2. Has the applicant received a ruling or determination letter from the Internal Revenue Service about the following?

(a.) Exempt Status Yes No

(b.) Private Foundation Status Yes No

(c.) Municipal Body: Town, Village, County, etc. Yes No

(Attach a copy of each such letter.)

3. Is the applicant controlled by, related to, connected with or sponsored by another organization? Yes No

If yes, please attach a statement to this application identifying the organization, its purpose and activities and its relationship to the applicant.

4. Please attach a list with the name, address, and title of each member of the applicant's governing board.

5. Name the person who will be administering the workership program . This is the person that will be receiving and dispensing the workership monies.

(Name)

(Title)

(Street Address)

(City, State, Zip Code)

(Area Code and Telephone #)

(E-Mail Address)

6. Has the applicant (or any organization listed in #4 above) ever applied for or received a

grant from the Pratt Northam Foundation in the past? Yes No

II. Description of Workership(s)

1. List each workership requested (by job title) and the total number of hours of work for each (ie. 300hrs., 200hrs., 150hrs., 100hrs., etc.). [Maximum: 300 hours]
(Please attach a job description for each different workership position.)

<u>Workership</u>	<u>Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Will the workership student be receiving college-credit for doing this work?
Yes No
(Please attachment documentation from the college confirming this credit.)

3. Will the workership student provide programming directly to youth?
Yes No
Will the workership student provide indirect support to a youth program?
Yes No

4. Explain how in the selection, training and supervision for this workership position, the applicant will insure a quality work experience for a college student attempting to build a career path through this summer work? (Add Attachment if Needed.)
- _____
- _____
- _____

5. Will the student filling this position be a member of the immediate family of a member of the applicant's governing board or a person employed by the applicant?
Yes No
If Yes, explain: _____
- _____

6. Will the applicant make the workership student available for a Pratt Northam workshop or focus group one-day event during the summer. Yes No

7. If funded, do you want the position(s) advertised in early May in three local weekly newspapers? Yes No

7. Contact information for immediate supervisor for each position:

Job Title: _____

(Name) (Title)

(Street Address) (City, State, Zip Code)

(Area Code and Telephone #) (E-Mail Address)

Job Title: _____

(Name) (Title)

(Street Address) (City, State, Zip Code)

(Area Code and Telephone #) (E-Mail Address)

III. Certification

From my own knowledge, I state that the information given in Parts I and II is accurate. The applicant organization has authorized me to make this application.

(Signature) (Printed Name) (Title) (Date)

III. (For Pratt Northam Use)

Date Approved _____ Amount \$ _____ Date of Award _____

Workership Committee Chairperson's Signature _____