

ABSTRACT

Please complete this form and email it to apps@bernsen.org. Abstracts will be reviewed and your Contact person listed below will be contacted within thirty days of submitting.

Organization Name _____

Website _____

Does the organization have nonprofit status as defined by Section 501(c)(3) of the Internal Revenue Code? Yes No

Contact Person:

Name and Title _____

Email _____

Phone _____

Did you read our Foundation Mission and do you think your project is a good fit for us?

Yes No

Do the people whom it will benefit reside within the Tulsa, Oklahoma area? Yes No

Type of Support:

Program/ Project Funding

General Support

Capital Campaign

Staff Position

Other

Amount Requested _____

Total Project Budget _____

Project Start Date _____

Project End Date _____

Program Area(s) *Check all that apply*

The Arts and Culture

Civic and Community

Education

Healthcare

Youth Protection

Religious

Social Services

Youth Development

Project Description (400 words or fewer)

Please email to apps@bernsen.org