



GRANT RENEWAL APPLICATION	
Organization Name (as it appears on 501(c)(3) letter):	Date Submitted:
Address:	
City/State/Zip Code and County:	
Organization Phone Number:	General Email Address:
Website Address:	
Contact Name:	Contact Title:
Contact Phone Number:	Contact Email Address:
Grant Requested: <input type="checkbox"/> Single-year <input type="checkbox"/> 3-year with report contingency <input type="checkbox"/> 5-year with report contingency	
Dollar Amount Requested (per year):	Year:
Total Project Budget (if applicable):	Total Operating Budget:
When does your fiscal year begin? (month/date)	
Month/Year of last grant awarded:	Last Grant Amount:
Name that should appear on check:	
Project/Program Title (if applicable):	
Date of original LOI/proposal referenced in this Grant Renewal Application:	
PROGRAM UPDATES	
Have there been any program changes from the last grant period? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain (unless it is explained in the grant report):</i>	
Have your anticipated program outcomes changed since the last grant period? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain (unless it is explained in the grant report):</i>	
Number of people to be served this grant period (if applicable):	

**Please email an electronic version of the Grant Renewal Application to [support\[at\]baskinfoundation.org](mailto:support[at]baskinfoundation.org).**