



GRANT APPLICATION FORM

Legal Name of Organization:

Mailing Address:

Phone:

Fax:

EIN:

Website:

Organization Email Address:

Name of CEO or Executive Director:

Phone:

Email:

Application Contact & Title (if *not* the CEO or Executive Director):

Phone:

Email:

Organization Information

Year Founded:

Tax Exemption Status: 501(c)(3)

Tax Exempt Number:

Mission Statement:

Geographic Area Served:



Grant Request Information

Type of Grant Requested:

Amount of Request:

\$

- Program or Project Support
Name of Program or Project:

Describe what the grant will be used for:

Financial Information Budget numbers should match the numbers presented in Attachments 1(a) & (b).

Organization's Current Budget for Fiscal Year Ending:

___/___/___

Income:

Expenses:

AND, if other than a general operating request,

Program or Project Budget:

Dates: from:

___/___/___

to:

___/___/___

Income:

Expenses:

Other Sources of Funding:

Income:

Attached Supporting Information:

- Proof of 501(c)(3)
- Annual Report
- Project Brochure

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

NAME: _____

DATE: _____