

GRANT APPLICATION FORM

Organization Information

Date of Application

Name of Organization

Address

City, State, Zip Code

Telephone:

Fax:

Executive Director

Contact Person

Title

Is your organization an IRS 501(c) 3
Not-for-Profit?

Tax ID # (EIN Number)

Organization Description
(2-3 sentences)

Amount of Support Requested

Dollar Amount Requested \$

Budget

Total Annual Organization Budget: \$

Total Project Budget: \$

Proposal Summary

Project Name

Please give a 2-3 sentence summary
of the request

Geographic areas served

Population served

Authorization

Executive Director Signature