



GRANT APPLICATION

Date of Application _____

ORGANIZATION INFORMATION

Name of Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Employer Identification Number (EIN) _____

Name of contact person regarding this application _____

Title _____ Phone _____ Email _____

Is your organization an IRS 501©(3) not for profit? _____

How many employees _____ FT PT Volunteers

PROJECT SPECIFIC INFORMATION

Briefly describe the nature, scope, goals and current status of the project:

What need is addressed by this project?

Who will benefit from this project?

Is this project being done in conjunction with any other organization or nonprofit group?

Population served annually: _____ Geographic area served: _____

MISSION STATEMENT

PURPOSE, METHODOLOGY, AND MOST RECENT ACCOMPLISHMENTS OF ORGANIZATION:

Funds being requested for (check one)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> General operating support | <input type="checkbox"/> Start up cost | <input type="checkbox"/> Capital |
| <input type="checkbox"/> Program support | <input type="checkbox"/> Technical asst | <input type="checkbox"/> Other (list) |

Project Dates:

Fiscal year begins:

Fiscal year ends:

BUDGET

Dollar amount requested:

Total annual organization budget:

List funding from other private or public sources that has been received or is under consideration for this project.

Describe plans for sustaining this project in future years:

Certification

Signature of Officer

Date

Please print name and position

REQUIRED ATTACHMENTS

Copy of exemption letter (Proof of 501© (3) status

SUBMISSION

Applications are to be typed and can be mailed to: