

Grant Application Form

Grant Request:

This request is for: _____ Amount requested: \$ _____

Program/project title: _____ Specify (if other): _____

Organizational Information:

Organization name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Executive director: _____ Telephone: _____

Name/title of contact person: _____ Telephone: _____

Total organization budget for current year: \$ _____ Date of incorporation: _____

United Way funded? _____ FEIN number (or equivalent): _____

Is your organization tax exempt under Section 501(c)(3)? _____ Section 509(a)? _____

Primary service category of organization:

Primary service category of organization: _____ Specify (if other): _____

Summarize the organization's mission (2 – 3 sentences):

Geographic service area(s) (cities, counties, regions):

List other private and public funding sources for this particular request.

<u>Funding sources – to date</u>	<u>Amount</u>	<u>Date received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Funding sources – pending</u>	<u>Amount</u>	<u>Date to receive</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Organization Budget (last fiscal year) Expenses \$ _____ Revenues \$ _____

Program/project Budget (if applicable) \$ _____

Signature of authorized official: _____

Name/Title: _____ Date: _____