

Grant Request Form

Contact Information

Applicant Organization's Name: _____

Date incorporated as a 501 (c) 3: _____ OR _____ Applied for 501 (c) 3; not awarded yet

Program or Project Name: _____

Executive Director (if none, Board President): _____

Program or Project Director: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Web Page: _____

Tax Id Number: _____

Applicant Organization's Mission (no more than 100 words):

Program / Project Summary and/or event information (no more than 100 words):

Problem or need the organization wants to address and/or how profits from this grant will be directed (no more than 100 words):

Date(s) of project/event/program:

Please let us know of any successes or accomplishments you wish to bring to our attention:

Amount Requested:	Geographic service area:
\$	
% of total goal requested from the Foundation	

Who else is providing funding for this event/program?

Applicant Organization's Area of Service / Focus (check all that apply):

- Arts & Humanities Education Science Human Services
 Medical/Health Conservation Other (explain) Community Development

Attachment Checklist

- Names / pertinent staff 501 (c) 3 verification List of Board Members
 Program / project budget _____ Brochure, invitation, etc.
 Last and this fiscal year's financial statements