



Date of Application: _____

Legal Name of Organization Applying: _____

Year Founded: _____ EIN: _____

Current Operating Budget: _____

Mission Statement: _____

Executive Director: _____

E-Mail Address: _____

Contact Person/Title/E-Mail (If other than Executive Director): _____

Office Address: _____

City/State/Zip: _____

Phone Number: (____) _____

Website: _____

Project Name: _____

Project Start Date: _____ Project End Date: _____

Purpose of Grant (One – Two Sentences): _____

How will you measure success: _____

Other Partners in the Project: _____

Geographic Area Served: _____

Amount Requested: _____ Total Project Cost: _____

Signature, Executive Director

Typed Name and Title

Date