



GRANT APPLICATION FORM

Date _____

Name of Organization

EIN

Street Address of Organization

City

State

ZIP

Name of Contact Person

Title

Cell Phone Number*

Name of Grant Writer

Email of Contact Person

Amount Requested

Total Project Cost

Start Date

End Date

Ongoing? (Yes/No)

***Please note that we will only contact you regarding your grant request and your contact information will be kept confidential. We prefer to use Cell Phone Numbers.**

Will our grant go through a fund raising foundation? ____ (Yes/No) Number of Employees: ____

Do you have a group exemption number? _____ (Number/no) Number of Volunteers: _____

OTHER FUNDING:	<u>TOTAL Amount Requested</u>	<u>Amount Received/Confirmed</u>
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If you receive government funding, please include a separate list of the amounts and dates.

PRIMARY services provided by your organization: _____

BRIEF description of the project: _____

What SPECIFIC parts of the project will be paid for by our funding? _____

If the request is for over \$500,000, would you accept yearly installments? ____ (Yes/No)

If YES, how many? (2-5)

What will happen if you do NOT receive our funding (Plan B)?